

**Manchester City Schools
Report of Absences
Classified - Professional Personnel**

This is to certify that I, _____, was absent from duties on the following dates:

Date	Sick Leave	Personal Leave	Prof. Leave	Bereav. Leave	Vac.	W/O Pay	Jury Duty	Name of Substitute
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
Total Days	_____	_____	_____	_____	_____	_____	_____	_____

Employee Signature _____

Date _____

Principal Signature _____

Date _____

Report of all absences are required

This report must be filed in the Administration Building within three (3) days after return to duty after absence. A falsified statement shall be grounds for dismissal.