

Kentucky Valley Educational Cooperative Absence Report

Employee Name - _____

Project/Department - _____

Date(s) of Absence - ____/____/____ to ____/____/____

Total Day(s)/Hour(s) of Absence = _____

Reason for Absence:

Sick Day

Personal Day

Family Leave Act

Jury Duty

Suspension

Non-Contract Change in Work Calendar

Explanation, if necessary - _____

Employee Signature - _____

Date Submitted - ____/____/____

Supervisor/ Project Director - _____ Date - ____/____/____

Executive Director - _____ Date - ____/____/____

Personnel Leave Record

Filed by - _____ Date Filed - ____/____/____

Change in Employment Calendar Posted on: ____/____/____