

Cohoes City School District
Administration Center
7 Bevan St.
Cohoes, NY 12047
Telephone: 237-0100
FAX: 237-2912

Report of Employee Absence

Employee's Name: _____ **Building:** _____

REASON FOR ABSENCE (CHECK ALL THAT APPLY & RECORD DATES BELOW):

Sick: _____ **Vacation:** _____

Personal: _____ **Religious:** _____

Conference: _____ **Unpaid (please explain):** _____

Death in Family (specify family member): _____ **Other (please explain):** _____

Cancer Screen (documentation must be attached, otherwise, sick time WILL be used): _____ **Blood Donation (documentation must be attached, otherwise, sick time WILL be used):** _____

DATES OF ABSENCE: _____

Employee's signature/date: _____

Supervisor's approving signature/date: _____

FOR Personnel Office Use Only:

Date received	Date entered in Info-Staff

revised: October 10, 1994
October 12, 1994
February 22, 1995
August 9, 1996
April 5, 2001
July 16, 2009