

**DIOCESE OF SPOKANE
PERSONNEL ABSENCE RECORD**

(Please note: All contract employees are seven (7) hours a day plus lunch)

EMPLOYEE _____ SOCIAL SECURITY # _____

SCHOOL _____ POSITION _____

DATE OF ABSENCE(S) _____ # OF HOURS MISSED _____

REASON: _____

SICK DAY BEREAVEMENT INSERVICE /PROFESSIONAL

PERSONAL UNPAID LEAVE VACATION (not applicable to contracted employees)

OTHER (Please Describe) _____

SUBSTITUTE(S) _____

DATE _____ EMPLOYEE'S SIGNATURE _____

DATE _____ SUPERVISOR'S SIGNATURE _____

PLEASE RETAIN A COPY OF SCHOOL RECORDS AND EMPLOYEE RECORD