

WHITE RIVER VALLEY SUPERVISORY UNION

461 WATERMAN RD.
ROYALTON, VT 05068
(802) 763-8840
FAX (802) 763-3235

EMPLOYEE ABSENCE FORM

Please return one copy of the completed form to the Central Office. This form will be used for recording purposes, please make sure all information is complete.

Employee Name: _____

School: _____

Position: _____

Date(s) of Absence: _____ Total Days: _____

Reason: _____

Signature of Supervisor: _____

To Be Completed By Employee

I hereby direct the Superintendent of Schools to deduct from my remaining leave balance _____ days for the absence listed above.

This leave is to be deducted from the leave category indicated below.

Sick _____ Professional _____ Bereavement _____
Personal _____ Vacation _____ Non-Deductible _____

It is clearly understood that the deduction will be made **only** if the absence is allowed under the leave provisions of the Master Contract.

It is also understood that any absence from my contracted duties, which is not approved for payment, will result in a pay deduction. In these cases, deduction will be determined by dividing my salary by the number of contracted days.

Employee Signature _____ Date _____

Substitute needed: Yes _____ No _____

Serving the School Districts of:

Bethel Chelsea Granville Hancock Rochester Royalton Sharon Stockbridge Strafford Tunbridge