

KINGSTON CITY SCHOOLS CONSOLIDATED  
KINGSTON, NEW YORK 12401  
Central Administration/Board of Education

EMPLOYEE NAME \_\_\_\_\_ DATE \_\_\_\_\_

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Number of Days Absent \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason for Absence:

- |   |                               |
|---|-------------------------------|
| 1. Personal Illness _____                   | 7. Religious Holiday _____    |
| 2. Family Illness _____ Relationship _____  | 8. Jury Duty _____            |
| 3. Death in Family _____ Relationship _____ | 9. Sick Bank Donation _____   |
| 4. District Business _____ Reason _____     | 10. Vacation _____            |
| 5. Other _____ Reason _____                 | 11. Special Ed. Meeting _____ |
| 6. Professional Development: In House _____ | 12. Workman's Comp _____      |
| Out of District _____                       | 13. Personal Business _____   |
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SUBSTITUTE REQUIRED: NO \_\_\_\_\_ YES \_\_\_\_\_ (If yes, fill in below)

NAME OF SUBSTITUTE \_\_\_\_\_

RATING: Very Satisfactory \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_

ADMINISTRATIVE SIGNATURE \_\_\_\_\_