

KINGSTON CITY SCHOOL DISTRICT
KINGSTON, NEW YORK 12401
Central Administration/Board of Education

EMPLOYEE NAME _____ DATE _____

Number of Days Absent _____

Date(s) of Absence _____

Reason for Absence:

- | | |
|---|------------------------------|
| 1. Personal Illness _____ | 7. Jury Duty _____ |
| 2. Family Illness _____ Relationship _____ | 8. Vacation _____ |
| 3. Death in Family _____ Relationship _____ | 9. Special Ed. Meeting _____ |
| 4. District Business _____ Reason _____ | 10. Workman's Comp _____ |
| 5. Cancer Screening _____ | 11. Covid Quarantine _____ |
- Reason _____ (documentation required)
6. Professional Development: In House _____
Out of District _____

SUBSTITUTE REQUIRED: NO _____ YES _____ (If yes, fill in below)

NAME OF SUBSTITUTE _____

RATING: Very Satisfactory _____ Satisfactory _____ Unsatisfactory _____

Comments: _____

EMPLOYEE SIGNATURE _____

ADMINISTRATIVE SIGNATURE _____