

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Amount of time to be deducted

OMAHA SCHOOL DISTRICT  
EMPLOYEE ABSENCE REPORT

Name: \_\_\_\_\_

Grade/Department: \_\_\_\_\_ Date of Absence \_\_\_\_\_

REASON FOR ABSENCE

\_\_\_\_\_ Illness

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Vacation

\_\_\_\_\_ Leave Without Pay

\_\_\_\_\_ Personal Time

\_\_\_\_\_ Accident on the Job

\_\_\_\_\_ Immediate Family Death

\_\_\_\_\_ Professional Leave  
(not to be deducted)

\_\_\_\_\_ Maternity/Paternity Leave

\_\_\_\_\_ Fieldtrip/Activity  
(not to be deducted)

Explanation, if necessary \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attending Physician \_\_\_\_\_

Name of Substitute \_\_\_\_\_

IS ABSENCE BEING REPORTED IN ADVANCE OR WAS ABSENCE UNEXPECTED?

\_\_\_\_\_

Staff Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Approval \_\_\_\_\_ Date \_\_\_\_\_

\*Personal Leave must be approved by the supervisor and the superintendent.