
Site Number

Employee ID Number

Oklahoma City Public Schools

Absence Report

Note: This form must be completed following any unplanned absence from duty. More than one absence may be reported on the same form. The employee requesting leave and the department/school time keeper should maintain a record of this form. All other types of leave besides the ones listed on this form must be requested and approved in advance.

Employees covered by the AFT Collective Bargaining Agreement (i.e. Teachers' Union) are not required to complete this form for any absence that is two hours or less. Advance notice of even such brief absences is requested except in emergency situations.

Employee _____

Building/Department _____

Date of Absence(s) _____

Total Number of Hours Absent _____

Sick

Personal Business

Bereavement *

* Relationship to the deceased: _____

By signing this form, I confirm that I (1) understand the appropriate uses of the type of leave I have used and (2) used such leave in a manner that complies with the definitions, terms, and conditions stated in the applicable Collective Bargaining Agreement and/or Board Policies and Regulations. I further acknowledge that abuse of leave may result in disciplinary action up to and including loss of pay for the days in question and/or termination in extreme situations.

Today's Date _____

Signature of Employee _____

Signature of Immediate Supervisor _____

Next Level Supervisor's Authorization _____