

SOUTH SHORE REGIONAL SCHOOL BOARD

**ABSENTEE REPORT AND PAYROLL DEDUCTION AUTHORIZATION
FOR ALL NON-TEACHING PERSONNEL**

EMPLOYEE NO.	_____		
EMPLOYEE NAME			
	Last	First	Initials(s)
DEPARTMENT	_____		
	LOCATION WORKED _____		

REGULAR HOURS PAID FOR IN A DAY _____

DATE MM/DD/YY	DAY	PAID HOURS	UNPAID HOURS	REASON FOR BEING ABSENT
	MON			
	TUES			
	WED			
	TUES			
	FRI			
	TOTAL	0.0		

EMPLOYEE SIGNATURE: _____ APPROVED BY: _____

CODES:

- | | |
|---|--|
| <ul style="list-style-type: none"> 1 Personal Illness - Paid 2 Personal Illness - Unpaid 3 Pregnancy Leave - Paid 4 Pregnancy Leave - Unpaid 9 Workers' Compensation 10 Inclement Weather 16 Compassionate Leave - Illness 17 Compassionate Leave - Death 22 Attending Graduation - Family | <ul style="list-style-type: none"> 23 Jury Duty/Witness in Court 30 Supervising Educational Event 38 Personal - Unpaid 39 Vacation 40 Time in Lieu of time worked 41 Other Claimable - Local contract 53 Union Business - Local 101 Recoverable - i.e. bill to school 130 Special Education Program |
|---|--|

Fax to: 902-541-3060 or 902-541-3051

Please indicate if there is no replacement