

**IROQUOIS SPECIAL EDUCATION ASSOCIATION**

**Absence Reporting Sheet**

- Reason for Absence:
- |   |  |
|---|--|
| <input type="checkbox"/> Illness                                | <input type="checkbox"/> Dr. Appointment                                   |
| <input type="checkbox"/> Vacation<br>(12 Month Employees Only)  | <input type="checkbox"/> Death - Family Member<br>(Per Contract Agreement) |
| <input type="checkbox"/> Personal Day<br>(Must be Pre-Approved) |  |

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

Full Day \_\_\_\_\_       $\frac{3}{4}$  Day \_\_\_\_\_       $\frac{1}{2}$  Day \_\_\_\_\_       $\frac{1}{4}$  Day \_\_\_\_\_

Submitted By: \_\_\_\_\_  
(Employee's Name - Please Print)

\_\_\_\_\_  
(ISEA Employee's Signature)

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

Approved By: \_\_\_\_\_  
(Principal/Superintendent or Designee)

**Please have forms turned in to the Special Education Office by the 18<sup>th</sup> of the month, for the pay period ending on the 15<sup>th</sup> or by the 3<sup>rd</sup> of the month, for the pay period ending on the 30<sup>th</sup>.**

Return to: Iroquois Special Education Association  
106 E Front Street  
Gilman, IL 60938