

**BERRIEN SPRINGS PUBLIC SCHOOLS
EMPLOYEE ABSENCE REPORT FORM**

Name _____ Building _____

Program/Department _____ Position _____

Date(s) of Absence _____

Number of Days
Absent _____

Did you notify Principal or Supervisor of your absence? _____
Yes No

To whom was it made? _____

Hours of Periods for Substitute _____

Reason for Absence _____

Signature of Employee

Date

Approval of Principal or Supervisor