

LACKAWANNA TRAIL SCHOOL DISTRICT

EMPLOYEE ABSENCE FORM

Lackawanna Trail School District employees must complete this form upon return to work after any absence. Failure to file this form in the Business Office results in loss of pay for the day or days absent.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Employee's Name (printed) Date Completed

3. I was absent from work for (all/part) of the day(s) noted below for the reason(s) stated. (Be specific)

a. \_\_\_\_\_  
(Day or Days absent)

b. \_\_\_\_\_  
(Reason for absence is)

4. Name of Substitute \_\_\_\_\_

I attest that the above information is true and accurate and in accord with provisions of the current collective bargaining agreement.

\_\_\_\_\_  
Signature

Original - to the LTSD Business Office  
Copy - for employee records