



# Turtle River School Division

## Report of Absences for Non-Union Staff

Name:	Location:		
Month:	Year:	Position:	

Date(s)	Reason*	Days/ Hours	Comments

\*Indicate the absence code based on the type of absence using the chart below.

<b>VACATION DAY RECONCILIATION</b>	
	_____ Anniversary Month
Days carried forward (last month ending)	_____
Days earned (if anniversary month)	_____
Days taken (current month)	_____
Ending balance	_____

ABSENCE CODE	
Bereavement	BV
Family Medical	FM
Illness	IL
Medical Appointment	MA
Other	OR
Professional Development	PD
Personal Day without Pay	PP
Vacation	VA

*Comments (if any):*

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\_\_\_\_\_  
Signature of Employee

### Office Use Only

### SICK LEAVE

\_\_\_\_\_  
Signature of Supervisor

Previous balance	_____
Earned	_____
Taken	_____
Ending balance	_____