

## **Turtle River School Division**

Report of Absences for Non-Union Staff

			Location:	
Month:		Year:		Position:
	Date(s)	Reason*	Days/ Hours	Comments
	*Indicate the absence cod	le hased on the	e type of al	osence using the chart below.
	Thalcate the absence COC	ac buseu on th	c type or at	some using the thait below.
	VACATION DAY RECONC	ILIATION		
				Anniversary Month
	Days carried forward (l	ast month end	ing)	
	Days earned (if a	nniversary mo	nth)	
	Days taken (curr	ent month)		
	Ending balance			
	ADSENCE COD			
	ABSENCE COL	E	Comment	rs (if any):
	ABSENCE COD Bereavement	BV BV	Comment	s (if any):
	Bereavement Family Medical	BV FM	Comment	s (if any):
	Bereavement Family Medical Illness	BV FM IL	Comment	s (if any):
	Bereavement Family Medical Illness Medical Appointment	BV FM IL MA	Comment	s (if any):
	Bereavement Family Medical Illness Medical Appointment Other	BV FM IL MA OR	Comment	s (if any):
	Bereavement Family Medical Illness Medical Appointment Other Professional Development	BV FM IL MA OR PD	Comment	s (if any):
	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay	BV FM IL MA OR PD PP	Comment	
	Bereavement Family Medical Illness Medical Appointment Other Professional Development	BV FM IL MA OR PD	Comment	Signature of Employee
	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay	BV FM IL MA OR PD PP	Comment	
	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay	BV FM IL MA OR PD PP	Comment	
	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay Vacation	BV FM IL MA OR PD PP	Comment	Signature of Employee
Office U	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay	BV FM IL MA OR PD PP	Comment	Signature of Employee  SICK LEAVE
Office U	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay Vacation	BV FM IL MA OR PD PP	Comment	Signature of Employee  SICK LEAVE Previous balance
Office U	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay Vacation	BV FM IL MA OR PD PP	Comment	Signature of Employee  SICK LEAVE Previous balance Earned
	Bereavement Family Medical Illness Medical Appointment Other Professional Development Personal Day without Pay Vacation	BV FM IL MA OR PD PP	Comment	Signature of Employee  SICK LEAVE Previous balance