



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.

VACATION DAY RECONCILIATION	
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):

Signature of Employee

Office Use Only

SICK LEAVE

Signature of Supervisor

Previous balance	_____
Earned	_____
Taken	_____
Ending balance	_____