



Genesee Education Consultant Services

Tracking # _____

Genesee Education Consultant Services, Inc. REPORT OF ABSENCE

Name _____ Date Submitted _____

Date(s) absent _____ District/Program/Site _____

Reason _____

****In order to receive payment, hours and type of absence must also be recorded on timesheet.****

****Only indicate absent hours to the right of the benefit that applies to you. For questions, please refer to your Explanation of Fringe Benefits (EOFB)****

<u>Type of Absence</u>	<u># of Hours</u>
Sick	_____
Personal/PTO (Paid Time Off)	_____
Vacation	_____
Holiday	_____
Non-Scheduled Paid	_____
Training/Conference	_____
Inclement Weather/Snow Day	_____
Without Pay	_____
Other _____	_____
Total Number of Hours	_____

Employee Signature

_____ Approved

_____ Not Approved

Supervisor Signature

Depending on your district requirements—Paid Time Off must be requested at least twenty-four (24) hours prior to absence, except in the event of an emergency. Such requests will be denied if the efficient operation of the school would be in jeopardy. Documentation of medical or otherwise, may be required.