**BELLEVILLE HENDERSON CENTRAL SCHOOL**

**8372 County Route 75**

**Adams, NY 13605**

To assist with the bookkeeping of accumulated sick leave and personal days, please file this form whenever you do not perform your regular duties.

**ABSENCE**

Name of Employee (Print Please):

Date(s) of absence:

Number of days of absence:

(If 1/2 day, please specify AM or PM)

Reason for absence(s):

Employee Signature:

Approved by: Date:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**LATE ARRIVAL**

(DO NOT USE FOR 1/2 DAY ABSENSES)

Date: Time:

Reason for late arrival:

Employee Signature:

Approved by: Date:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**EARLY DEPARTURE**

(DO NOT USE FOR 1/2 DAY ABSENSES)

Date: Time:

Reason for early departure:

Employee Signature:

Approved by: Date

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**OFFICE USE ONLY**

Employee Name: x NS\_\_\_\_\_\_

Substitute Name: x S\_\_\_ \_ \_\_