

**Rockingham County Public Schools  
Employee Absence Report**

Employee: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_  
Date(s) Absent: \_\_\_\_\_ School: \_\_\_\_\_  
Substitute: \_\_\_\_\_

Please check the category applicable to the absence, as defined by School Board Policies and Regulations.  
Only **one** category per form.

- Sick Leave - Personal Illness (School Board Policy GCBD-1) Code 1
- Sick Leave – Immediate Family Member (School Board Policy GCBD-1) Code 2
- Personal Leave (School Board Policy GCBD-2) Code 3
- Annual Leave – Vacation (School Board Policy GCBD-3) Code 4
- Professional (School Board Policy GCBD-7) Code 5
- Death – Immediate Family Member (Sick Leave) (School Board Policy GCBD-1) Code 6
- Central Office – Sponsor : \_\_\_\_\_ Code 8
- Legal (Jury Duty – Attach Summons) (School Board Policy GCBD-5) Code 9
- Leave Without Pay (Include letter to Superintendent and check below) Code 11 \_\_\_\_\_  
(Superintendent Approved)
- HAS ANNUAL LEAVE OR PERSONAL LEAVE BEEN DEPLETED, AS  
REQUIRED, BEFORE LEAVE WITHOUT PAY REQUEST? \_\_\_\_\_
- Worker’s Compensation Code 12
- FMLA – Typically in excess of 3 days (School Board Policy GCBE) Code 13
- Field Trip Code 14
- Administrative Leave (School Board Policy GCBD-10) \_\_\_\_\_  
(Must be authorized by Superintendent) (Superintendent Approved)
- Military Leave (School Board Policy GCBD-6)  
(Attach official orders)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
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Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
Immediate Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_