

**Preston County Schools
Claim for Absences**

Name of Employee _____ Position _____

School/Location _____ Employee ID # 970-00-____

Please appropriate line.

List each date on correct line.

1. _____ **Illness** _____
(Four (4) or more consecutive days require documentation from medial professional.)
2. _____ **Professional Meeting** _____
(Completed Professional Meeting Form required.)
Substitute Name (If known) _____
3. _____ **Miscellaneous** _____
(Prior approval required.)
4. _____ **Illness of Immediate Family Member** _____
(Ten (10) day limit)
5. _____ **Death of Family Member** _____
(Three (3) day limit)
6. _____ **Funeral of a Close Relative** _____
(One (1) day limit)
7. _____ **Funeral of a Fellow Employee** _____
(Half (1/2) day limit)
8. _____ **Birth, Adoption or Infant Bonding** _____
(Prior approval required.)
9. _____ **Extended Serious Illness** _____
(Documentation must be submitted.)
10. _____ **Jury Duty** _____
(Proof of service required.)
11. _____ **State Legislature/Union Rep. Mtgs.** _____
(Documentation must be submitted.)
12. _____ **X-Day** _____
(Must be submitted and receive supervisor approval prior to day of absence.)

Date

Employee

Date

Supervisor

See Policy 8-11 for additional guidelines.