

PORT JEFFERSON UNION FREE SCHOOL DISTRICT

Scraggy Hill Road
Port Jefferson, New York 11777

ATTENDANCE REPORT

NAME:

MONTH:

Please complete this form to indicate all absences from work at the end of each month.

Return within 5 days to the Personnel Office.

<u>Date(s) of Absence</u>	<u>Full/Fractional day</u>	<u>Reason for Absence (use codes)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: The Business Office has all holidays and snow days recorded on a calendar and will not charge employees for absences on such days.

Employee's Signature & Date

Supervisor's Signature & Date

Codes:

- S- SICK
- V- VACATION
- C- CONFERENCE/FIELD TRIP/PROF DAY/ WORKSHOP
- WC- WORKMEN'S COMPENSATION
- P- PERSONAL
- JD- JURY DUTY
- B- BEREAVEMENT