

UINTAH COUNTY SCHOOL DISTRICT TEACHER AND ADMINISTRATOR ABSENCE FORM

Period Covered: _____ to _____

Employee Name: _____

Last Four Digits of SS#: _____

Employee # _____

Work Location: _____

PTO	Paid Time Off
PD	Professional Development
SB	School Business
JD	Jury Duty
VA	Vacation
WP	Leave without Pay
SLB	Sick Leave Bank (sick day awarded by committee)

Mark the appropriate code for leave hours taken. Leave hours must be taken in whole hour increments.

Date	PTO	PD	SB	JD	VA	WP	SLB	Name of Substitute	Reason for Absence (PD, SB, WP)
Totals									

We the undersigned, hereby certify that the above reported absences are accurate and true.

Signature of Employee

Signature of Principal/Supervisor

Date

Date