

EAST CENTRAL KANSAS COOPERATIVE IN EDUCATION

EMPLOYEE Absentee Report

Employee Name _____

School Building _____

Date of Absence _____

½ Day _____

Whole Day _____

I request the absence to be approved as:

Discretionary _____

Vacation _____

W/out Pay _____

Professional _____

Other _____

Employee Signature: _____

Date _____

Principal/Supervising Teacher: _____

Date _____

Entered into: AESOP ____ WILL SUB ____ META ____ Morgan Hunter ____

Please indicate if leave has been recorded
Supervising teacher return form to ECKCE office upon completion.

