## INDEPENDENT SCHOOL DISTRICT NO 1 OF TULSA COUNTY, OKLAHOMA

## TULSA PUBLIC SCHOOLS ABSENCE REPORT

		DAYS ABSENT							<u>REMARKS</u>	
NAME	EMPLOYEE NUMBER	PERSONAL ILLNESS	FAMILY ILLNESS	DEATH IN FAMILY	VACATION	BODILY INJURY	OTHER CAUSES	COMP TIME TAKEN	EMPLOYEES ABSENT FOR <u>OTHER CAUSES</u> SHOULD HAVE SUCH CAUSES STATED IN THIS COLUMN.	

THE UNDERSIGNED HEREBY CERTIFIES THAT THE PERSONS ABOVE NAMED PERSONALLY PERFORMED SERVICES, IN THE CAPACITIES STATED IN THEIR CONTRACTS OF EMPLOYMENT, UNDER MY DIRECT SUPERVISION, DURING THE PERIOD OF TIME SHOWN BELOW.

PERIOD BEGINNING

PERIOD ENDING

VERIFIED

DEPARTMENT MANAGER / PRINCIPAL

SITE NAME/SITE NUMBER