

Leave and Absence Report

Revised 10-24-17

Phone: 785-543-2149

NCKSEC Interlocal 636

Fax: 785-543-6654

205 F Street, Suite 235; P.O. Box 369, Phillipsburg, KS 67661 www.ncksec.net

Employee Name: _____ USD _____ ELEM MS/JH HS

Employee's Email Address: _____

Employee's Supervisor/Teacher: _____

Reason: (S)Sick (P)Personal (B)Bereavement/Funeral (J)Jury/Court:Subpoena (C)Coach/Sponsor
(X) Box Below

Date(s) Absent	S	P	B	J	C	Total Time Absent <small>Specify Number of Hours or Days</small>	Office Use

↓ Please complete the Inservice* section below for Meetings/Trainings/Workshops/Etc. ↓

All Staff must complete this section for Inservice* Activities: Mandt, CPR, Teacher/Para Meetings & Workshops

Activity Title _____ City/Location _____

Date of Inservice _____ Time: Number of Hours or Days _____

\$ _____ Mileage or Driving District Vehicle or Carpooling with _____

\$ _____ Meals Substitute Needed Yes No

\$ _____ Registration Fee I will register or **NCKSEC:** will register make motel reservations
(Fax/Email all pertinent information to NCKSEC)

Motel Name: _____ Arrival Date _____ Depart Date _____

Rate/Night \$ _____ City _____ Motel Phone _____

Employee Signature: _____ Today's Date: _____

Principal Signature: _____ Date: _____

NCKSEC Director: _____ Date: _____

Fax or Email a white copy to NCKSEC; keep a copy for your records. Fax: 785-543-6654 or Email: jbunch@ncksec.net