

# Leave and Absence Report

Revised 02-06-18

Phone: 785-543-2149

NCKSEC Interlocal 636

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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

Dates Absent (Month & Day)	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