



BUFFALO TRAIL PUBLIC SCHOOLS

**ABSENCE NOTIFICATION SCHOOL – BASED 10 MONTH SUPPORT STAFF
(ADMIN. ASSISTANTS, LEARNING COMMONS FACILITATOR, AND EDUCATIONAL ASSISTANTS)**

NAME: _____
(PLEASE PRINT)

MONTH: _____

SCHOOL: _____

DATE(S)	# OF HOURS	ABSENCE CODE	NAME OF SUBSTITUTE	Instructions for Payroll

(EMPLOYEE’S SIGNATURE)

(PRINCIPAL’S SIGNATURE)

ABSENCE CODES:

- | | |
|--|---|
| <ul style="list-style-type: none"> 01 Sick 02 Sick – Long Term 04 Personal Days/ 2 per year 05 Doctor/Medical Appointment 07 Family Medical (Dr. Note Attached) 08 Negotiations 09 Inclement Weather 10 WCB 11 Professional Development 12 Serious Illness Article 18.04:
18.04a - indicate relationship _____ | <ul style="list-style-type: none"> 13 Charge to Outside Agency 14 Compassionate Leave Article 19.01:
19.01a – indicate relationship _____
19.01b – indicate relationship _____
19.01c – indicate location _____
19.01d – indicate friend (1/2 day) _____ 15 Jurisdiction Business 16 School Business 21 Sick – Without Pay 22 LOA – Without Pay |
|--|---|

**SUBMIT TO PAYROLL IMMEDIATELY FOLLOWING THE END OF THE MONTH.
NOTIFY PAYROLL IMMEDIATELY OF ANY CHANGES TO PERSONAL DATA.**