

ABSENCE CARD

NAME: Marilyn Chambers

DATE(S) OF ABSENCE: 7/14 sd

REASON:

CODE 1 - PERSONAL ILLNESS* FAMILY ILLNESS*

IF FAMILY ILLNESS, LIST RELATIONSHIP _____ PERSONAL DAY

EMERGENCY DAY (CHECK ONE): COURT APPEARANCE (NOT JURY DUTY)

BEREAVEMENT (RELATIONSHIP) _____

OTHER (LIST REASON) _____

CODE 2 - DOCKED DAYS (REASON) _____

CODE 3 - DAYS NOT WORKED _____

CODE 5 - JURY DUTY LOCAL FEDERAL

CODE 6 - MILITARY _____

NAME OF SUBSTITUTE: ~~_____~~

*I DO SOLEMNLY AFFIRM THAT ON THE ABOVE MENTIONED DATE I WAS UNABLE TO PERFORM MY DUTIES AND APPLY FOR EXCUSED SICK LEAVE IN COMPLIANCE WITH PROVISIONS OF KRS 161.55 (INCLUDES PERSONAL AND FAMILY ILLNESS).

EMPLOYEE SIGNATURE: Marilyn Chambers

ABSENCE CARD

NAME: Peggy Coleman

DATE(S) OF ABSENCE: 7/15

REASON:

CODE 1 - PERSONAL ILLNESS* FAMILY ILLNESS*

IF FAMILY ILLNESS, LIST RELATIONSHIP _____ PERSONAL DAY

EMERGENCY DAY (CHECK ONE): COURT APPEARANCE (NOT JURY DUTY)

BEREAVEMENT (RELATIONSHIP) _____

OTHER (LIST REASON) _____

CODE 2 - DOCKED DAYS (REASON) _____

CODE 3 - DAYS NOT WORKED _____

CODE 5 - JURY DUTY LOCAL FEDERAL

CODE 6 - MILITARY _____

NAME OF SUBSTITUTE: _____

*I DO SOLEMNLY AFFIRM THAT ON THE ABOVE MENTIONED DATE I WAS UNABLE TO PERFORM MY DUTIES AND APPLY FOR EXCUSED SICK LEAVE IN COMPLIANCE WITH PROVISIONS OF KRS 161.55 (INCLUDES PERSONAL AND FAMILY ILLNESS).

EMPLOYEE SIGNATURE: Peggy Coleman