

**RICHLAND PARISH SCHOOL BOARD
SICK LEAVE REPORT FORM**

Employee SSN: _____

Report For: _____
Month Year

Employee Taking Sick Leave: _____
Last First MI

LIST DAY(S) OF MONTH USED IN APPROPRIATE COLUMN

Employee Sickness Day (s)	Death or Sickness Immediate Family Day (s)	Personal Business Day (s)	*Other AUTHORIZED Leave (Please State Type) Day (s)
TOTALS			

*TYPE: School Business (SB); Jury Duty (JD); Military Leave (ML); Hurt on Job (HOJ); Leave Without Pay (LWP)

Social Security Number	** Name and Address of Substitute	Drop Ret.	RET.	Dg.	N-Dg	Day (s)	Total

**Needed Address ONLY substitute is new or if there is an address change

Principal's Signature Date Employee's Signature Date

Any absence of Richland Parish School Board employee must be reported on this form.