

Carbon County School District No. 2 Administrator Absence Form

Date: _____

Administrator Name: _____

Date(s): _____

Administrator will be paid

Yes No

Reason:

<input type="checkbox"/>	Sick Leave	_____
<input type="checkbox"/>	Personal Leave	_____
<input type="checkbox"/>	Bereavement Leave	_____
<input type="checkbox"/>		_____
<input type="checkbox"/>	Vacation	_____

X

Signature of Administrator

Activities

<input type="checkbox"/>	High School	Title: _____
<input type="checkbox"/>	Middle School	Where: _____
<input type="checkbox"/>	Elementary School	_____
<input type="checkbox"/>	Other (Specify)	_____

X

Approval of Superintendent or Designee

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