

J.E.S.S.E.
P. O. BOX 418
324 N. KINGSTON
PLYMOUTH, IN 46563

ABSENTEE FORM

FAX NUMBER: 574-936-8184

ABSENCE INFORMATION

EMPLOYEE NAME: _____

DATE OF ABSENCE: _____

SUBSTITUTE'S NAME: _____

TYPE/REASON FOR ABSENCE

- ILLNESS
- FAMILY ILLNESS
- BEREAVEMENT (RELATIONSHIP OF THE DECEASED) _____
- OTHER _____



This form must be emailed (lholland@jesse.k12.in.us) or faxed (574-936-8184) to the JESSE office on the day following the absence.

EMPLOYEE SIGNATURE _____

DATE _____

DIRECTOR SIGNATURE _____

DATE APPROVED _____



DATE FORM EMAILED/FAXED TO OFFICE: