



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Record of Absence

Position: _____

Reason for Absence (please check):

- | | |
|--|---|
| <input type="checkbox"/> Illness – Self | <input type="checkbox"/> Illness – Family Member |
| <input type="checkbox"/> Personal Leave (prior notice approved) | <input type="checkbox"/> Vacation (12 months employees) |
| <input type="checkbox"/> Conference – Professional Development (prior notice approved) | |
| <input type="checkbox"/> Other – specify _____ | |

Number of Day(s) Absent: _____ Date(s): _____

Signature: _____ Date: _____

Immediate Supervisor: _____ Date: _____