



# 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 only) |
| <input type="checkbox"/> Professional Development (prior notice approved) |  |
| <input type="checkbox"/> Other – specify _____                            |  |

Number of Day(s) Absent: \_\_\_\_\_ Date(s): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_