



TAZEWELL-MASON COUNTIES SPECIAL EDUCATION ASSOCIATION

Administrative Office
300 Cedar St., Pekin, IL 61554

Record of Absence

Name: _____
(Please print legibly)

Position: _____
(Please print legibly)

Reason for Absence (please check):

- Illness – Self
- Illness – Family Member
- Personal Leave (prior notice approved)
- Vacation (12 months employees)
- Conference – Professional Development (prior notice approved)
- Other – specify _____

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

Employee Signature

Date

Director/Program Coordinator

Date