

Absence Slip

WHITEHALL CENTRAL SCHOOL DISTRICT
2023-2024 School Year

Please forward to the **Payroll Office** after each absence

NAME: _____ Date(s) of Absence _____

_____ Field Trips _____ Conferences _____ Illness _____ Vacation

_____ Family Illness _____ Personal _____ Other

_____ Death in Family (provide name & relationship) _____

Use:

_____ 1/4 day _____ 1/2 day _____ 3/4 day _____ Full [indicate below the time absent for < Full day]

From _____ am/pm To _____ am/pm

Signature: _____ Date Completed: _____

Absence Slip

WHITEHALL CENTRAL SCHOOL DISTRICT
2023-2024 School Year

Please forward to the **Payroll Office** after each absence

NAME: _____ Date(s) of Absence _____

_____ Field Trips _____ Conferences _____ Illness _____ Vacation

_____ Family Illness _____ Personal _____ Other

_____ Death in Family (provide name & relationship) _____

Use:

_____ 1/4 day _____ 1/2 day _____ 3/4 day _____ Full [indicate below the time absent for < Full day]

From _____ am/pm To _____ am/pm

Signature: _____ Date Completed: _____