Dublin City Schools
207 Shamrock Drive
Dublin, GA 31021
478-353-8000

FY27 Report of Absence

(When absence is known prior to leave date, form **MUST** be submitted in advance.)

Department: ☐Central Office ☐School: _____ ☐Bus Driver ☐Maintenance

☐Moore Street Offices ☐Technology ☐School Nutrition

Name: _____ Position:_____

Date(s) Absent: _____

Number of Days Absent: _____ Date Returned to Work: _____

Substitute Required? ☐Yes ☐No Name of Substitute (if known) _____

Type of Leave: ☐Sick ☐Personal ☐Annual ☐Jury Duty ☐Other
Describe reason below

☐Professional Development Regular ☐Prof Dev: Title II-A ☐Prof Dev: BFS Pre-K
(Prior Approval REQUIRED for all professional development leave)

Reason for Absence: _____

(If "Professional," be SPECIFIC: List official name of training, location of training, and training hours.)

If the absence is for Professional Development, it is **REQUIRED** that you attach both of the following types of documentation:

☐ Training Agenda ☐Approval email stating name of training, date & time

I certify that the above information is correct to the best of my knowledge, and it is understood that falsification or omission of information or adequate documentation is grounds for corrective action.

_____ _____
Staff Member Signature Date

SCHOOL OFFICE USE ONLY

Required documentation attached? ☐Yes ☐No (Workshop Flyer, Agenda, Email stating approval, etc.)
Approved? ☐Yes ☐No
Leave without Pay? ☐Yes ☐No

_____ _____
Principal/Director/Supervisor Signature Date