



Dublin City Schools

207 Shamrock Drive

Dublin, GA 31021

478-353-8000

FY26 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