

# Absence Slip

WHITEHALL CENTRAL SCHOOL DISTRICT  
2024 – 2025 School Year

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

NAME: \_\_\_\_\_ Date(s) of Absence \_\_\_\_\_

\_\_\_ Field Trips \_\_\_ Conferences \_\_\_ Illness \_\_\_ Vacation \_\_\_ Medical Appt

\_\_\_ Family Illness \_\_\_ Personal \_\_\_ Other/explain \_\_\_\_\_

\_\_\_ 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: \_\_\_\_\_

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