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 & relation	nship)			
Use:1/4 day _	½ day	_ ¾ day	_ Full [indicate below	the time absent for < Full day]	
From	am/pm To	am/pm			
Signature:		Date Complete	d:		
	A	Absence S	Slip		
		CENTRAL SC 4 – 2025 Scho	CHOOL DISTRIC ol Year	T	
]	Please forward to the	he Payroll Of	fice after each abs	sence	
NAME:	ME: Date(s) of Absence				
Field Trips _	Conferences	Illness	Vacation _	Medical Appt	
Family Illness	Personal	Other/explain			
Death in Family	/ (provide name & relatio	nship)			
Use: ½ day _	½ day	_ ¾ day	_ Full [indicate below	the time absent for < Full day]	
From	am/pm To	am/pm			
Signature:		Date Complete	d:		