

**JACKSON INDEPENDENT SCHOOL DISTRICT**  
**Classified Staff Absence Report**

Name: \_\_\_\_\_

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

Check (1) One: K-6 \_\_\_\_ 7-12 \_\_\_\_ Circle (1) One: M T W Th F

\*\*\*\*\*  
Sick Leave \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

I do solemnly swear that on the above mentioned date, I was unable to perform my school duties and apply for Excused Sick Leave in compliance with the provisions of Section 161.155 KRS.

Signed: \_\_\_\_\_

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Other reason for absences:

Personal: \_\_\_\_\_

Emergency: \_\_\_\_\_

Meeting/Workshop: \_\_\_\_\_ (Complete below)

Meeting Title: \_\_\_\_\_

Location: \_\_\_\_\_