

COOPERSTOWN CENTRAL SCHOOL

ATTENDANCE REPORT FORM

Employee Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date (s)	Sick Leave	Sickness in Family	Death in Family	Personal Leave	Conference/ Meeting	Vacation

Supervisor's Signature: \_\_\_\_\_

For 12 month employees and those that work in the summer

1. Begin now by completing the form for July and then on the first of each month.
2. Have your supervisor sign the form each month and forward it to Business Office.

For 10 month employees

1. Begin by completing the form for September on October 1 and on the first of each Month thereafter.
2. Have your supervisor sign the form each month and forward it to Business Office.