10-MO.

Board Of Cooperative Educational Services
Sole Supervisory District
Franklin-Essex-Hamilton Counties

MONTHLY REPORT OF ABSENCE(S) – 10-MONTH EMPLOYEES

Name: _____ Report for the Month of: _____

Date(s) of Absence	Reason for Absence

Employee Signature: _____ Date: _____

Reviewed By: _____ Date: _____
Administrator/Supervisor

Instructions: Complete this form on the last working day of each month and mail directly to your Administrator/Supervisor for processing. Indicate the reason for each absence on a separate line with the corresponding date. (Examples: sick, personal, cancer screening pursuant to Civil Service Law §159-b and §159-c, doctor's or dentist's appointments, jury duty, appearance in court, death or serious illness of a member of the family (specify relationship), conference, meeting or workshop, other (please specify).

This form must be completed and filed even if an absence has not occurred during the month. If **NONE**, so indicate.