



BUFFALO TRAIL PUBLIC SCHOOLS
Central Office
12-Month Support Staff
Absence Notification for Payroll Purposes

Please submit to your supervisor within three days of the last working day of the previous month.

NAME:

MONTH & YEAR:

Please select absence code below:

Absence Code:

Date(s) Absent:

Number of Days:

Absence Code:

Date(s) Absent:

Number of Days:

Absence Code:

Date(s) Absent:

Number of Days:

Absence Code:

Date(s) Absent:

Number of Days:

Absence Code:

Date(s) Absent:

Number of Days:

*Please provide
details for Codes
13 & 14

Vacation days carried over from
previous month

Vacation days used this month

Vacation days to be carried
over next month

Employee Declaration

I declare that the information provided for this calendar month is a true and accurate accounting of absences taken during this month. I understand that it is my responsibility to track all vacation days used and remaining for carry-over purposes.

Employee Signature

Date

Supervisor Declaration

I have reviewed the information provided by this employee for this calendar month and have approved all absences recorded herein.

Supervisor Signature

Date