

# Cleveland City Schools

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Cleveland, TN 37312  
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Dr. Martin Ringstaff  
Director of Schools

Cathy Goodman  
Assistant Director

## ***STATEMENT OF ABSENCE***

Teacher/Staff Name: \_\_\_\_\_

School: \_\_\_\_\_

Reason for Absence:

### **I. Sick Leave:**

- Personal Illness**  
Dates of Personal Illness: \_\_\_\_\_
- Illness or Death in Family:**  
Dates of Family Illness: \_\_\_\_\_  
Relationship: \_\_\_\_\_
- Bereavement:** Certified Staff Only  
Dates Used: \_\_\_\_\_

### **II. Personal Leave (Approved by Principal)**

- Dates Used: \_\_\_\_\_

### **III. School Approved Leave:**

- Days of Leave: \_\_\_\_\_
- Name of Substitute Used: \_\_\_\_\_
- Substitute paid by what fund: \_\_\_\_\_
- Activity Attended: \_\_\_\_\_

**Signature:** \_\_\_\_\_