Absence Slip

WHITEHALL CENTRAL SCHOOL DISTRICT 2025 – 2026 School Year

Please forward to the **Payroll Office** after each absence

NAME:	IE:Date(s) of Absence				
Field Trips	Conferences	Illness	Vacation _	Medical Appt	
Family Illness	Personal	Other/explain_			
Death in Family	(provide name & relatio	nship)			
Use:¼ day _	½ day	_ ¾ day	_ Full [indicate below	the time absent for < Full day]	
From	am/pm	am/pm			
Signature:		Date Complete	d:		
	WHITEHALL (HOOL DISTRIC	Т	
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Signature:		Date Complete	d:		