

BERKSHIRE BOARD OF EDUCATION

ABSENCE WITHOUT PAY

(PINK PAPER)

NAME: _____

DATE: _____

POSITION: _____

BUILDING: _____

DATE:	TIME:	TIME:	TIME USED:
TOTAL TIME USED:			
TOTAL DAYS USED:			

Reason: _____

Signature of Employee: _____

Signature of Supervisor: _____

Approved
 Not approved

Signature of Superintendent: _____

Approved
 Not approved

Office use only

Payroll Calculations:

1. Annual salary \$ _____ divided by _____ days = daily rate
2. Daily rate of \$ _____ x _____ days = \$ _____ DOCKED