

**MADISON AREA TECHNICAL COLLEGE DISTRICT
Contractual Instructor/Counselor Absence Report**

Employee Name _____ Emp #: _____

Department _____

Type of Absence* _____

Date(s) of Absence _____

Employee Signature _____ Date: _____

Approved By _____ Date: _____

***Absence Types:**

Leave Without Pay

Sick Leave

Emergency Leave: please indicate the nature of the leave

Bereavement Leave: please indicate your relationship to the individual(s)

Personal Leave: one day allowed per school year; reducing your sick leave balance

Please complete this form and submit to your Department Office.