## **GST Multidistrict**

P.O. Box 308 • 600 Arnold Ave., Portland, ND 58274 Phone: 701-788-2004 • Fax: 701-788-2802

## **CONFIRMATION OF ABSENCE**

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

Date(s) Absent:\_\_\_\_\_

Sick/Emergency Leave

Family/Medical Leave

Personal Leave

Annual Leave

Funeral Leave

Professional Leave

## TOTAL NUMBER OF QUARTERS ABSENT

2 hrs.	=	1 qtr.
4 hrs.	=	2 qtrs.
6 hrs.	=	3 qtrs.
8 hrs.	=	4 qtrs.

You must call the GST office to report your absence each day. Failure to submit this form will result in sick days being counted without pay.