

SCHOOL EMPLOYEE REPORT OF ABSENCE

School _____

Name _____ Social Security Number _____

Last First Middle

Teacher Clerical Custodial Cafeteria Teacher Aide _____ _____

Name of substitute used, if any _____

I hereby apply for leave of absence I have been absent on the following dates:

Beginning (first day of absence) _____ Ending (last day of absence) _____ Total Work Days _____

Reason for absence _____

Approved Disapproved

EMPLOYEE SIGNATURE **DATE** **PRINCIPAL / SCHOOL AUTHORITY SIGNATURE** **DATE**

FOR OFFICE USE ONLY:

SICK LEAVE FUNERAL LEAVE
 PERSONAL LEAVE DEDUCT

SUBSTITUTE TEACHER'S REPORT

SUBSTITUTE'S NAME ADDRESS SOCIAL SECURITY NUMBER

has substituted _____ full days for _____ Date _____ 20____

Instructors Name

Which included the following dates _____

REASON _____ Illness
_____ Personal Business
_____ Professional Improvement
_____ Other(explain) _____

Signature – Substitute Teacher

Signature - Principal