SCHOOL EMPLOYEE REPORT OF ABSENCE

				School			
Name				Social	Security N	lumber	
	Last	First		Middle			
□Teacher	☐ Clerical	☐ Custodial	☐ Cafeteria	☐Teacher Aide			
Name of sul	bstitute used,	, if any					
☐ I hereby	apply for leav	ve of absence	☐ I have bee	en absent on the follo	wing dates	:	
Beginning (f	first day of ab	osence)	End	ing (last day of abser	nce)	Total Work [Days _
Reason for	absence _						
				☐ Approved		☐ Disapproved	
EMPLOYEE S	SIGNATURE		DATE	PRINCIPAL	/ SCHOOL	AUTHORITY SIGNATURE	DATE
FOR OFFIC	E USE ONL	Y:					
				1			
		☐ SICK LEA		FUNERAL LEAVE			
				DEDUCT			
		SUBST		IER'S REPORT			
STITUTE'S NA	ME					SOCIAL SECURITY I	NUMBER
STITUTE'S NA			ITUTE TEACH			SOCIAL SECURITY I	NUMBEI 19
		ADE	ITUTE TEACH			_	
s substituted		ADE full days for _	ITUTE TEACH	IER'S REPORT		Date	
s substituted	the followin	ADE full days for _	ORESS	IER'S REPORT		Date	
s substituted ich included	the followin	ADE full days for _ g dates	ITUTE TEACH	IER'S REPORT Instructors Name		Date	
s substituted ich included ASON	the followin	ADE full days for _ g datesIlln	ITUTE TEACH DRESS ess ess ersonal Busines	IER'S REPORT Instructors Name		Date	
s substituted ich included ASON	the followin	full days for _ g datesIllnPe	ess ersonal Busines	IER'S REPORT Instructors Name ss		Date	19_
s substituted ich included ASON	the followin	full days for _ g datesIllnPe	ess ersonal Busines	IER'S REPORT Instructors Name ss		Date	19_
s substituted ich included ASON	the followin	full days for _ g datesIllnPe	ess ersonal Busines	IER'S REPORT Instructors Name ss		Date	19_

Signature - Principal

Signature – Substitute Teacher