

REPORT OF ABSENCE

Number of days absent _____

Date of absence _____

Reason for absence (Please mark the one that applies)

1. Sick Day

- a. Personal illness _____
- b. Illness of immediate family or household _____

2. Personal Day

3. Death (will be marked as Other on pay stub)

- a. Immediate family member _____
- b. Outside immediate family _____

4. Professional Leave

- a. Workshop (Name) _____
- b. Field Trip (Group/Where) _____
- c. Other (What for?) _____

Name of Substitute _____

Signature of Regular Employee

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REPORT OF SUBSTITUTE

Number of days substituted _____

Date of substitution _____

Name of school where you substituted _____

Name of **REGULAR PERSON** for whom you substituted _____

Start Time _____

Ending Time _____

Signature of Substitute