

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 _____
parent, spouse, child, brother or sister
b. Outside immediate family _____
grandparent, Mother/Father in-law, brother/sister in-law, aunt, uncle,
cousin or non related

4. Professional Leave

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

Name of Substitute _____

Signature of Regular Employee

REPORT OF SUBSTITUTE

Number of days Substituted _____

Date of Substitution _____

Name of School Where You Substituted _____

Name of **REGULAR PERSON** for Whom You Substitute _____

Start Time _____

Ending Time _____

Signature of Substitute