

STAFF ABSENCE REPORT

Name of Staff Member

Position

Date of Absence	A.M.	P.M.	All Day	Reason for Absence
_____	()	()	()	_____
_____	()	()	()	_____
_____	()	()	()	_____
_____	()	()	()	_____
_____	()	()	()	_____

(List each day separately. If over 5 days, use another report sheet.)
IF MORE THAN ONE SUBSTITUTE, USE SEPARATE SHEET FOR EACH.

I, the undersigned employee, do hereby certify that the above dates of absence are correct. I am familiar with the policies governing absences, and my reasons given above are in accordance with those policies.

Signature of staff member

For Office Use:

- Professional Leave
- School Activity
- Illness
- Personal Leave
- Bereavement
- Other _____

- Leave Approved by Principal
- Paid Unpaid
- Leave Not Approved by Principal

Signature of principal/supervisor

REPORT OF SUBSTITUTE

Name of Substitute

Address

Days Worked	A.M.	P.M.	All Day
_____	()	()	()
_____	()	()	()
_____	()	()	()
_____	()	()	()
_____	()	()	()

Signature of Substitute

For Office Use:

Total Days Worked _____
 Rate Per Day \$ _____
 Total Amount Earned \$ _____
 Withholding Tax \$ _____
 FICA \$ _____
 IPERS \$ _____
 NET SALARY DUE \$ _____

Approved for payment by _____ Supt.

WHITE - SUPT. OFFICE
 BLUE - PRIN. OFFICE
 CANARY - GENERAL FUND CLAIM
 PINK - EMPLOYEE/SUBSTITUE

Date Paid _____ Check # _____
 Account No. _____