

SUBMIT IN CASE OF ABSENCE

Teacher _____ Date Submitted _____

Building _____ Grade Level or Subject Area _____

Hours or Time of Absence _____ Date Absent _____

Reason _____

Requested By _____ S.S. Number
_____ (Teacher)



FOR OFFICE USE

Above Teacher Should Be Charged:

_____ Sick Days

_____ Personal Days

_____ Not to be Docked in Pay or Charged Personal or Sick Leave Days

SUBSTITUTE _____ AMOUNT _____

Principal _____ Job Number _____

Date Called In _____ Time _____ Reason _____