Teacher Absence Request (Submit After In Case of Illness)

Name of Teacher:				
Building:	ligh School	□ M	fiddle School	☐ Elementary School
Grade Level or Subje	ct Area:			
Date(s) of Absence:				
Hours or Time of Ab	sence:	Full Day	Half Day ☐ AM ☐ PM	Other Hours of Absence
Reason for Absence:				
Teacher Signature: _				
Date Submitted:		Confi		
Name of Substitute T	eacher:		fice Use **	
Substitute Signature:				
Teachers Covering Other Classrooms			Above Teacher Should:	
our Teacher			Be Charged Leave	
our	Teacher		Be Char	ged Sick Bank
our	Teacher			ged Bereavement
ur Teacher			School Business	
ur Teacher			No Pay Day	
our	Teacher			
Hour	Teacher		Princi	ipal or Supervisor Signature