

STAFF ABSENCE REPORT

Name of Staff Member

Position

Date of Absense	AM	PM	All Day	Reason for Absense
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

(List each day separately, If over 5 days, use another report sheet)

I, 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 correct in accordance with thos policies.

Signature of Staff Member

For Office Use Only:

- ☐ 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	AM	PM	All Day
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Signature of Substitute