

# 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 a 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

 Leave Appro
  Paid
  Unpaid
  Leave Not A
 

\_\_\_\_\_  
Signature of Principal

## Report of Substitute

Name of Substitute \_\_\_\_\_

Address \_\_\_\_\_

Days Worked	a.m.	p.m.	All Day
_____			
_____			
_____			

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Substitute

\_\_\_\_\_



