



Absentee Report

(Required of All Employees for Each Absence)

Date Filed _____

Name of Employee _____

Date Received in Business Office _____

Name of Supervisor _____

Date of Absence _____
Month / Day / Year

Reason for Absence (See contract provisions):

Period of Absence:

Family Illness

Personal Illness

All Day

Number of hours absent

Vacation

Death in Family

Other – Explain: _____

Conference

Approved Cancer Screening

Personal Business

Form Filed

Form Attached

Employee Signature: _____

Name of Substitute _____

Date of Substitution _____
Month / Day / Year

Payroll Forms Must Be On File Before Payment Can Be Made

Payroll information on file in the Business Office

Period of Employment

(Substitute employees are paid on an hourly basis)

Substitute will return proper forms to the Business Office

Time In: _____ Time Out: _____ Total Hours Worked: _____

Payroll information is attached

Other – Explain: _____

Office Use Only

Date Paid _____

Code _____

Amount _____

Supervisor's Comments: _____

Signature of Supervisor: _____