

ATTACHMENT E - ABSENCE FORM

ABSENCE FORM

Teacher's Name _____ Date _____

Teacher's Social Security Number _____

No. of Days Required _____

Dates of Absences

_____ Sick Leave _____

_____ Personal Leave _____

_____ Professional Leave _____

_____ Vacation Leave _____

_____ Jury Duty _____

_____ Association _____

_____ Other _____

_____ Explanation for usage of Other _____

Teacher's Signature

Name of Substitute

Date/s Subbed

Administrative Approval Yes ___ No ___

Ref: Article 14, Article 15, and Article 16
Adopted 1995