

REPORT OF ABSENCE

NAME _____

POSITION _____

PROGRAM (CIRCLE ONE)

EC	CAB	ELS	ELS HS	FISHER	ED CTR	
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SCHOOL/DISTRICT _____

DATE(S) OF ABSENCE _____

REASON FOR ABSENCE please X reason below and whether full or half:

SICK FULL HALF

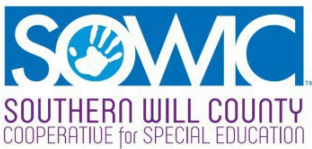
PERSONAL FULL HALF

BEREAVEMENT FULL HALF

OTHER FULL HALF

PLEASE EXPLAIN OTHER: _____

APPROVAL: _____



REPORT OF SUBSTITUTE

NAME _____

SUBSTITUTING FOR _____

PROGRAM (CIRCLE ONE)

EC	CAB	ELS	ELS HS	FISHER	ED CTR	
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POSITION _____

SCHOOL/DISTRICT _____

DATE(S) _____

FULL HALF

OFFICE USE ONLY

ACCOUNT NUMBER _____

DAYS _____ RATE _____ TOTAL _____