



UNDERWOOD SCHOOL EMPLOYEE ABSENCE REPORT

Name of Staff Member _____

<u>Date of Absence</u>	<u>Time of Absence</u>	<u>Type</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List each day separately.

Turn into Supervisor

KEY for TYPE

- PD Professional Development
- SA School Activity: (Specify) _____
- SE Sick Leave - Yourself
- SF Sick Leave - Immediate Family
- PT Personal Leave
- FS Funeral Immediate* Family (Up to 5 Sick Days)
- FF Funeral School** Family (1 Sick Day)
- FP Funeral Other (Personal Leave)
- FU Funeral Other (Unpaid)
- JD Jury/Civic Duty
- AL Association Leave
- LW Leave without pay
- VL Vacation Leave

* Immediate Family: Father, Mother, Brother, Sister, Spouse, Children, Grandparents, Grandchildren, Father-In-Law, Mother-In-Law other relatives living

**School Family: Current student or their parent; present/past employee, school employee in the same household as employee

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 reason given above are in accordance with those policies.

- Leave Approved
- Leave Denied
- Leave Without Pay

Signature of Supervisor

Signature of Staff Member

Turn into Supervisor

Signature of Superintendent

Date

REPORT OF SUBSTITUTE for Teachers & Aides

Office Fills Out - Print Sub Name

Sub Signature - Sign only once for all day - check Here

8:25-9:12	1st Period Sub	_____
9:15-10:02	2nd Period Sub	_____
10:05-10:52	3rd Period Sub	_____
10:55-11:42		
11:25-12:12	4th Period Sub	_____
12:15-1:02	5th Period Sub	_____
1:05-1:52	6th Period Sub	_____
1:55-2:42	7th Period Sub	_____
2:45-3:08	Rocket Time Sub	_____

1st Period Sub	_____
2nd Period Sub	_____
3rd Period Sub	_____
4th Period Sub	_____
5th Period Sub	_____
6th Period Sub	_____
7th Period Sub	_____
Rocket Time Sub	_____

Long Term Sub: Yes ___ Check One: < 10 days ___ 11-30 Days ___ 30+ Days ___