



Rankin County  
School District

TRADITION OF EXCELLENCE

## RANKIN COUNTY SCHOOL DISTRICT SCHOOL RELATED ABSENCE RECAP

School \_\_\_\_\_ School #: \_\_\_\_\_ Month / Year: \_\_\_\_\_ / \_\_\_\_\_

Prepared By: \_\_\_\_\_ Submitted By: \_\_\_\_\_

*SIGNATURE VERIFIES RECEIPT OF CENTRAL OFFICE APPROVAL*

Date	Employee(s) Name Conference / Seminar / Meeting	Sub Used?		Check # (if sub used)	Fund # (from request form)
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	
		YES <input type="checkbox"/>	NO <input type="checkbox"/>	# \$	