

Independent School District 196

Educating our students to reach their full potential

Series Number 405P Adopted October 1977 Revised April 2011

Title Employee Absence and Substitute Report

PAYROLL OFFICE USE ONLY
Chg S/L # hours/days.
FULL DEDUCTION

From: Employee # School/Department

(Absent employee) LAST FIRST MIDDLE

Employment classification (teacher, custodian, etc.)

I hereby report my absence from AM PM thru AM PM, a total of working hours/days.

My substitute was Job Number

My absence is/was due to: (Check proper item and describe as requested)

- My illness/doctor appt.
Vacation*
Personal leave
District 196 worker comp injury
Jury duty
Relative illness
Bereavement
Curriculum/school leave
Other (with pay)
Other (deduct from pay)

*(Please notify the Human Resources Department in writing if any of the above vacation dates are cancelled.)

Employee's signature Date Supervisor's signature

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