KEENE INDEPENDENT SCHOOL DISTRICT

2022-2023 SUBSTITUTE REPORT FORM

ELEM_____ SUMMIT _____ KJH_____ KHS_____ ALC_____

*TYPE OF LEAVE
(01) - Local Personal Leave
(04) - Non-paid day (226 Empl. Only)
(07) - Vacation (226/238 Empl. Only)
(08) - State Personal Leave
(09) - Comp Time
(11) - Jury Duty
(13) - FMLA
(17) - Bereavement
(30) - School Business
(60) - Absence Deduct

Sub #: _____

Sub Name: _____

Payroll Month & Year: _____

Rate of Pay: _____

EMP #	ABSENTEE EMPLOYEE NAME	1/2 Day	*Type of Leave	Date	*SUBSTITUTE SIGNATURE	Pay Amount

_____ **TOTAL PAY FOR THIS SUBSTITUTE:** _____

Campus Supervisor/Designee