

Laurens County School System
467 Firetower Road
Dublin, Georgia 31021
Telephone: (478) 272-4767 / Fax: (478) 277-2619
www.lcboe.net

Bus Driver's Report of Absence

(When absence is known prior to leave date, form **MUST** be submitted in advance)

Name: _____

Date(s) Absent: _____ AM / PM / Both (circle one)

Number of Days Absent: _____ Date Returned to Work: _____

Example ½ day or 1 whole day

Substitute Required? Yes No

Substitute Name: _____

Type of Leave: Sick Personal Jury Duty Other

If you are out more than 3 consecutive days, please provide a doctor's excuse.

I certify that the above information is correct to the best of my knowledge, and it is understood that falsification or omission of information or adequate documentation is grounds for corrective action.

Staff Member Signature

Date

Transportation Director Signature

Date