

# ABSENT FROM DUTY FORM

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## EMPLOYEE

(TO BE FILLED OUT BY EMPLOYEE)

Name of Employee: \_\_\_\_\_

Date(s) absent: \_\_\_\_\_ Number of day(s): \_\_\_\_\_

REASON FOR ABSENCE (PLEASE BE SPECIFIC)

\_\_\_\_\_ Employee Absence      \_\_\_\_\_ Illness in Family      \_\_\_\_\_ Death in Family

\_\_\_\_\_ Personal Leave      \_\_\_\_\_ School Business

Description: \_\_\_\_\_

Place: \_\_\_\_\_

Time: \_\_\_\_\_

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## SUBSTITUTE INFORMATION

(TO BE FILLED OUT BY SECRETARY)

Name of Substitute: \_\_\_\_\_

Number of Day's Substituted: \_\_\_\_\_ Date(s): \_\_\_\_\_

Signature of Substitute: \_\_\_\_\_ SS# \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*THIS FORM MUST BE FILLED OUT BY THE EMPLOYEE, THE PRINCIPAL,  
AND SECRETARY*