

REPORT OF ABSENCE

JACKSON COUNTY SCHOOL DISTRICT FOOD SERVICE STAFF

NAME OF EMPLOYEE _____

DATE(S) OF ABSENCE _____ # OF DAYS _____

POSITION _____

NAME OF SUBSTITUTE (IF ANY) _____

I hereby certify that I am substituting for the above named on this the _____ day of _____, 20____.

Substitute Signature

I hereby certify that the above information is true and correct on this the _____ day of _____, 20____.

Food Service Staff Signature

REASON FOR ABSENCE

Check ONE:

Illness _____, Personal Day _____, Workshop _____, or Other Reason _____.

Manager