

UNION GROVE INDEPENDENT SCHOOL DISTRICT



EMPLOYEE ABSENCE & SUBSTITUTE REPORT

NAME _____

DATE ABSENT _____

TOTAL DAYS _____

REASON FOR
ABSENCE

LOCAL LEAVE

STATE LEAVE

SCHOOL RELATED

COMP TIME
(if applicable)

VACATION
(maintenance only)

NON-WORK DAYS
(226 Employees)

JURY DUTY
(must provide
documentation)

OLD STATE LEAVE
(if applicable)

ASSAULT LEAVE

SIGNATURE - EMPLOYEE _____

DATE

NAME OF
SUBSTITUTE

DATE
SUBSTITUTED

FULL DAY

1/2
DAY AM
 PM

TYPE OF
SUB

FILL IN FOR STAFF
FLOATER

IF FLOATER,
WHAT WERE
THEY DOING

SIGNATURE - SUBSTITUTE _____

DATE

SIGNATURE - SUPERVISOR _____

DATE