

USD 323 Staff Absence Request

EMPLOYEE: _____ SS #: _____
Last 4 Digits

RCHS SGES WES DO

TYPE of LEAVE	DATE	CLOCK HOURS <small>(Ex. 1:00-4:15)</small>	REASON
Personal Leave			
Sick Leave			
Funeral			
Vacation			
Jury Duty			
Leave Without Pay			
Prof. Improvement			Name of workshop?
District Assignment			Describe assignment:

Substitute Needed? <input type="checkbox"/> NO/ <input type="checkbox"/> YES	If yes, please specify: Full Day _____ Partial Day / Hours Needed: _____
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Certified teachers: You must include pre- and post-day duty times.

Signature of Employee: _____ Date _____

Signature of Administrator/Supervisor _____ Date _____

SUBSTITUTE REPORT

Day/Period

Sub Name: _____ SS#: _____ Date: _____ Hrs: _____
Last 4 Digits

Substitute Signature: _____

Day/Period

Sub Name: _____ SS#: _____ Date: _____ Hrs: _____
Last 4 Digits

Substitute Signature: _____

Day/Period

Sub Name: _____ SS#: _____ Date: _____ Hrs: _____
Last 4 Digits

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