

Sasakwa Public Schools

EMPLOYEE'S NAME _____

DATE OR DATES _____

TYPE OF ABSENCE:

LENGTH OF TIME

_____ SICK LEAVE

_____ Hours/Days

_____ EMERGENCY

_____ SCHOOL ACTIVITY

_____ PERSONAL LEAVE

Explanation of absence: (for school activity please be specific, class trip, type of meeting etc)

Employee's signature _____

Principal's signature _____

Superintendent Sign. _____

SUBSTITUTE

NAME OF SUBSTITUTE _____

DATE OR DATES (Hrs) _____

SIGNATURE OF SUBSTITUTE _____

ADDRESS _____

_____ DAYS X RATE _____ =\$ _____

LEAVE POSTED _____
DATE PAID _____

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