WASHAKIE COUNTY SCHOOL DISTRICT #1
STAFF ABSENCE REPORT

**********NOTE: This form is to be used to report all leave for staff members. Use a separate sheet for each employee **********

MONTH _____ YEAR _____

EMPLOYEE _____

SUBSTITUTE INFORMATION: USE FOR ALL SUBSTITUTES

CERTIFIED SUBS: USE THE AM/PM COLUMNS TO INDICATE HALF DAY AND/OR WHOLE DAY WORKED
CLASSIFIED SUBS: ENTER ACTUAL TIMES WORKED IN THE APPROPRIATE COLUMNS

DATE	SICK LEAVE	ANNUAL LEAVE	VACATION	PROF LEAVE/ DISTRICT ASSIGNED	STUDENT ACTIVITY	PROF LEAVE	LEAVE W/O PAY	SUBSTITUTE NAME	A.M. IN	A.M. OUT	P.M. IN	P.M. OUT	SUBSTITUTE SIGNATURE

EMPLOYEE SIGNATURE

SUPERVISING ADMINISTRATOR'S SIGNATURE