TURTLE MOUNTAIN SCHOOL DIVISION	2 – J.2

EA ABSENTEE AND SUBSTITUTE REPORT FORM

School: _____ Date: _____

DATE	**EA'S NAME**	REASON	HOURS ABSENT	CASUAL'S NAME	HOURS WORKED

To be submitted to the Division Office on the cut-off date **(Friday at 12 noon)** CERTIFIED CORRECT: _____

Principal

NOTE:
1. Absence for a period of over 3 days MUST be verified by a Medical Certificate.
2. All EA absences for one half day or more must be recorded above whether a substitute was required or not.