

ABSENTEE AND SUBSTITUTE REPORT FORM

Select one: **Teacher** (TIME = days) **EA** (TIME = hours)

School: _____ Date: _____

DATE	TEACHER/EA NAME	SUBSTITUTE'S NAME (please print)	TIME WORKED

To be submitted to the Division Office prior to **Friday at 1:30 p.m.**

NOTE: Absence for a period of 3 days or more
MUST be verified by a Medical Certificate.

Verified by