ABSENTEE AND SUBSTITUTE REPORT FORM

Select one: ☐ **Teacher** ☐ **EA**

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