

# Franklin & Jefferson Counties Special Education District #801 Employee Absence

Name: \_\_\_\_\_

Location/Program: \_\_\_\_\_ Date(s) Absent: \_\_\_\_\_

Full Day: \_\_\_\_\_ ½ Day AM: \_\_\_\_\_ ½ Day PM: \_\_\_\_\_

\*Substitute: \_\_\_\_\_ Hours Worked: \_\_\_\_\_

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\*Attach copies of substitute teacher or teacher aide time sheets to WHITE copy and send it in at the end of each month.

## Reason for Absence

\*Prior Approval Required

\_\_\_\_\_ Illness

\_\_\_\_\_ \*Personal

\_\_\_\_\_ \*Professional/Staffing

\_\_\_\_\_ Comp. Time

\_\_\_\_\_ Approved \_\_\_\_\_ Denied

Director: \_\_\_\_\_