

Certificated Monthly Absence and Substitute Reporting Form

Employee Name : _____

Month/Year : _____

School : _____

Date of Absence	Total Hours Absent	Absence Code	Budget Code or Name of Meeting Administrator required for Code R Meetings	* Code R Out-of-District Preapproval Submitted on Form 501	* Code R In-District Signed at Meeting on Form 588	Description of Absence (Required for Codes G, H and R)	Substitute Last Name	Substitute First Name	Substitute Hours Worked 3.5 or 7

Employee Signature: _____

Principal Approval: _____

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|--|--|---|
| E = Emergency
F = Family Sick
G = Partial Day
H = Bereavement | J = Jury Duty
K = CEA Leave
L = Supt's Discretionary
M = Military Leave
P = Personal Leave | R = Professional Day
S = Self Sick
U = Unpaid Leave (Prior Approval by Superintendent Required) |
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