

Classified 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, I and R)	Substitute Last Name	Substitute First Name	Substitute Hours Worked

Employee Signature: _____

Principal Approval: _____

E = Emergency
 F = Family Sick
 G = Partial Day
 H = Bereavement
 I = Family Hospital

J = Jury Duty
 L = Supt's Discretionary
 M = Military Leave
 P = Personal Leave

R = Professional Day
 S = Self Sick
 U = Unpaid Leave (Prior Approval by Superintendent Required)
 V = Vacation Leave