West Carroll Special School District

Absentee Form

Employee _____ School _____

Substitute _____

List each day absent on a separate line, check whether it was a one half day or a whole day, and check the type of absence that applies to that day.

Date Absent	**Time Absent**		**Type of Absence**				
Mo/day/yr	*½ Day*	*1 Day*	*Sick*	*Personal*	**School Sponsored*	**Comp Day*	*Vacation*

** School sponsored and Comp Days must have a completed and approved copy of either a Conference/Meeting Form or Comp Time Approval Form **attached to the Absentee Form**. Note the account to be charged below, if appropriate.*

Explanation of dates:

_____

_____

Substitute Signature _____

Employee Signature _____

Principal Signature _____

For Office Use Only
Appropriation#_____

Rev 4/02