

Support Staff Absentee Form

Support Staff Name: \_\_\_\_\_

Date of Absence(s): \_\_\_\_\_ Total Days Absent \_\_\_\_\_ or Hours \_\_\_\_\_

Reason for Absence: \_\_\_\_\_ Sick \_\_\_\_\_ Personal \_\_\_\_\_ Vacation \_\_\_\_\_ Workshop \_\_\_\_\_

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

Approved By: \_\_\_\_\_ Administrator

Support Staff Signature: \_\_\_\_\_

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

Substitute Social Security Number: \_\_\_\_\_

Secretary: \_\_\_\_\_