

TEACHER ABSENTEE FORM

Teacher Name: _____

Date of Absence(s): _____ Total Days Absent: _____

Reason for Absence: _____ Sick _____ Personal _____ Workshop

If for workshop, give title and department for which it concerns:

(PDC, Grant, Title I, Video, Etc.....) _____

Substitute Teacher Name: _____

Approved By: _____ Administrator

Teacher Signature: _____

Substitute Signature: _____

Secretary: _____