

**SCHOOL EMPLOYEE REPORT OF ABSENCE**

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

Name of substitute: \_\_\_\_\_

Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_ Total days: \_\_\_\_\_

Reason for absence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved \_\_\_ Disapproved \_\_\_

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Principal/Headmaster                      Date

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Reason for absence:

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\_\_\_\_\_

Approved \_\_\_ Disapproved \_\_\_

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Principal/Headmaster                      Date