

EMPLOYEE ABSENTEE FORM
BIG PASTURE SCHOOL DISTRICT I-333

Employee Name _____ Date Submitted _____

Dates Absent (M T W TH F) _____

Circle One- Personal Leave Sick Leave School Business

If school business please specify the activity and location _____

Circle One- Full Day ½ Day - AM or PM

Substitute Hired _____

Circle One: Certified Substitute Non-Certified Substitute

Employee Signature

Administrator Signature

.....
Office Use Only

$$\frac{\text{Substitute Rate}}{\text{Days / Hours}} \times \text{Days / Hours} = \text{Total Paid}$$

Employee Vendor # _____

Substitute Vendor # _____

Employee Posted _____

Substitute Posted _____