Staff Absence Report				
Staff member:			Date of Report	Date of Absence
Reason for Absence □ Personal Leave □ Illness □ Professional leave □ Bereavement		Name of Substitute:		
Beginning first day of absence:	Ending last day of absence:	Total Work Days:		
Reason for Absence:	1	L	-	1
Employee Signature		Date		_
Superintendent Signature		Date		_