

Support Staff Personnel

Absentee Report

SCHOOL

STAFF NAME

I certify that I was unable to work on the following dates:

Due to the following reasons:

Personal Illness

Illness of a member of my immediate family

Death of a member of immediate family

Name/Relationship of family member

Other

I certify that the above statements are true.

Employee

Principal

Date

Substitute used (if applicable) and dates: Note: Not all Instructional Assistants are allowed a substitute
