

SUBSTITUTE TEACHER EARNED SICK LEAVE ABSENCE FORM

(To be completed by the Substitute and submitted to Payroll for absences requested)

Substitute Name: _____ (Print)

Date of Absence: _____/_____/_____
 MONTH DAY YEAR

Total Hours: _____



Substitute Signature

Date Submitted



Approve

Disapprove

Executive Director of HR Signature: _____ **Date:** _____