BAMBERG SCHOOL DISTRICT TWO
EMPLOYEE ABSENTEE/SUBSTITUTE REPORT

Absent Employee	Substitute
Name:	**Name:**
Soc. Sec. #:	**Soc. Sec. #:**
	Acct. # **For Payment**

Enter 1.0 for full day or .5 for ½ day.

Date of Absence	Leave Days (.5 or 1.0)	Sub Payment (.5 or 1.0)	Absentee Code	FOR OFFICE USE ONLY

Absentee Codes:	
Code 1 Sick Leave	**Code 6 Jury Duty/Military Leave**
Code 2 Illness of Employee **10th Consecutive Day or More**	**Code 7 Professional Duties/Workshop** *Specify Meeting:*
Code 3 Injury on Job	**Code 8 Vacant Position**
Code 4 Personal reasons **other than death in family**	**Code 9 Vacation**
Code 5 Bereavement *Specify Relationship:*	

Prior approval is required for vacation and personal leave.

_____   _____
Employee's Signature   **Substitute's Signature**

_____   _____
Date   **Date**
_____

Approved _____   **Denied** _____

_____
Supervisor's Signature

_____
Date

May 2013