

**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 11 Leave of Absence
Code 2 Illness of Employee - 10 th Consecutive Day or More	Code 7 Professional Duties/Workshop <i>Specify Meeting:</i>	Code 12 CARES Act
Code 3 Injury on Job	Code 8 Vacant Position	Code 13 FLMA
Code 4 Personal reasons other than death in family	Code 9 Vacation	Code 14 Compensatory Leave
Code 5 Bereavement <i>Specify Relationship:</i>	Code 10 Administrative Leave	

Prior approval is required for vacation and personal leave.

Employee's Signature

Substitute's Signature

Date

Date

Approved _____ Denied _____

Supervisor's Signature

Date