**SUBSTITUTE REQUEST/ ABSENCE STATEMENT **

EMPLOYEE NAME: ___________________________ TITLE: ___________________________

SCHOOL SITE: [ ] Jr/Sr High School [ ] District Office

[ ] Elementary School

<table>
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<tr>
<th>CODE</th>
<th>DATE OF ABSENCE</th>
<th>SUB REQUEST Y/N</th>
<th>TIME IN</th>
<th>TIME OUT</th>
<th>COMMENTS</th>
<th>TOTAL HOURS ABSENT</th>
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**REASON FOR ABSENCE:**

IL/MA  Illness or Medical Appointment (Sick Leave Deduction)
PN   Personal Necessity - See Time Sheet for Explanation:
PB   Personal Business (Salary Deduction)
B    Bereavement - Relationship to Employee:
NT   No Tell (Sick Leave Deduction) ((Certificated, Admin, Confidential = 2/Year, Classified = 3/Year))
SB   School Business - Explain:
V    Vacation
NDD  Non Duty Day (Administrative Employees)
O    Other: Explain
IA   Industrial Accident or Illness Leave (Workers Comp): Date of Accident:

I certify that the information provided above is true and accurate.

__________________________  __________________________
Employee Signature        Date

__________________________  __________________________
Superintendent Signature  Date