***PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11***

[](http://www.pawneeschools.com/vimages/shared/vnews/stories/4df5a1dd6d3ac/1_1307944221149.jpg)

810 North Fourth Street, Pawnee, Illinois 62558

**Mr. Gary Alexander Jill E. Hamilton**

Superintendent Comptroller

**Timothy R. Kratochvil Linda Cline Steve Kirby**

Jr. High/High School Principal Grade School Principal Athletic Director

Phone: 217-625-2471 Phone: 217-625-2231 Phone: 217-625-2471

**Absentee & Substitute Request Form**

To: Linda Cline**,** Principal or Date(s) of Absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tim Kratochvil, Principal

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade Level/Subject Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle day (s): **M T W R F All day A.M. only P.M. only**

**Please designate time LEAVING/RETURNING if less than all day­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If ½ day is requested, circle periods sub is needed (including homeroom):

**Monday 1A 2A 1B 2B HR 3A 4A 3B 4B** Prep Period \_\_\_\_\_\_\_\_

**A Day 1A 2A HR 3A 4A** Prep Period \_\_\_\_\_\_\_\_

**B Day 1B 2B HR 3B 4B** Prep Period \_\_\_\_\_\_\_\_

Reason (circle one):

1. Sick Day (Employee) (Family Member) (Medical Appt.)

2. Personal Day

3. Bereavement Day

4. Jury Duty

5. Conference/Workshop

What /Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Field Trip

What/Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Teacher requested:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Substitute Teacher hired:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_