



# PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11

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Superintendent

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Athletic Director  
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## Non-Certified Absentee & Substitute Request Form

Employee \_\_\_\_\_

Approved \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Absence \_\_\_\_\_  
(use code)

A.M.	P.M.	All Day
_____ Employee Signature		
_____ Building Principal Signature		
_____ Supervisor's Signature		
_____ Superintendent's Signature		

<u>CODES</u>	
A.....	Accident on Duty
C.....	Conference/Workshop
D.....	Dock Day
F.....	Death in Family
FT.....	Field Trip
J.....	Jury Duty
S.....	Sick
V.....	Vacation
L.....	Leave of Absence
PL.....	Personal Leave
ML.....	Military Leave

If "C" code is used, please name conference attended: \_\_\_\_\_

## SUBSTITUTE REPORT

Name of Substitute \_\_\_\_\_

Date(s) Substituted \_\_\_\_\_

Total # of Days \_\_\_\_\_

District's Rate of Pay \$ \_\_\_\_\_

Amount Due \$ \_\_\_\_\_

\_\_\_\_\_  
Substitute's Signature