

SANGAMON AREA SPECIAL EDUCATION DISTRICT

REQUEST/REPORT OF ABSENCE

Employee _____

Approved _____

Date(s) of Absence

Denied _____

Reason for Absence _____
(use code)

A.M.

P.M.

All Day

Employee Signature

Building Principal Signature

SASED Administrator Signature

<u>CODES</u>	
A.....	Accident on Duty
F.....	Death in Family
J.....	Jury Duty
S.....	Sick
V.....	Vacation
L.....	Leave of Absence
PL.....	Personal Leave
PrL.....	Professional Leave
AL.....	Association Leave
ML.....	Military Leave
CL.....	Comp Time Leave
CW.....	Comp Time Worked

If PrL 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