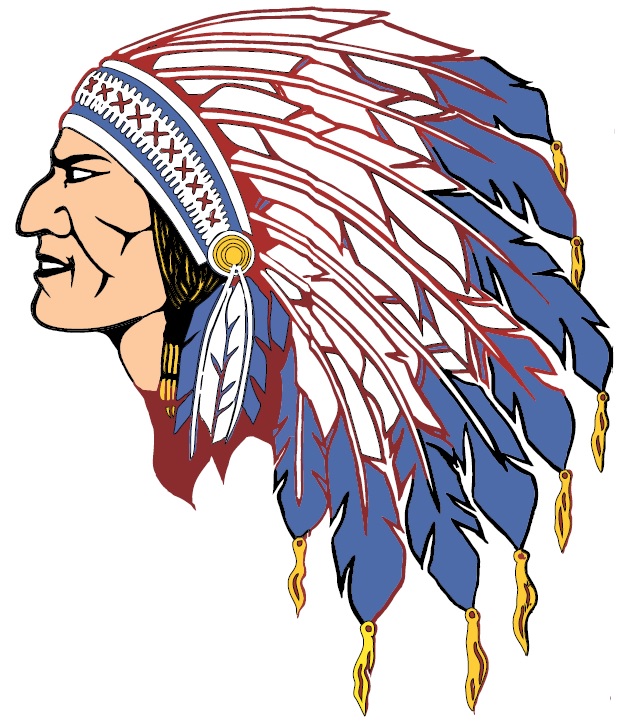
***PAWNEE COMMUNITY UNIT SCHOOL DISTRICT #11***



810 North Fourth Street, Pawnee, Illinois 62558 Phone: 217-625-2471

**Timothy R. Kratochvil**

Superintendent

[tkratochvil@pawneeschools.org](mailto:tkratochvil@pawneeschools.org)

**Nicole Goodall W. Christopher Hennemann Ryan Steffen**

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

[ngoodall@pawneeschools.org](mailto:ngoodall@pawneeschools.org) [chennemann@pawneeschools.org](mailto:chennemann@pawneeschools.org) [rsteffen@pawneeschools.org](mailto:rsteffen@pawneeschools.org)

**Absentee & Substitute Request Form**

To: Chris Hennemann**,** Principal or Date(s) of Absence:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nicole Goodall, Principal

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

Circle day (s): **M T W R F All day**

**A.M. only (time returning)\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P.M. only (time leaving)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

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

Reason (circle one):

1. Sick Day

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: \_\_\_\_\_\_\_\_\_\_\_\_

Superintendent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_