

Colleton County School District

ABSENT EMPLOYEE/SUBSTITUTE REPORT

Employee Name: Last	First	Middle
Social Security Number		

Substitute Name: Last	First	Middle
Social Security Number		
Substitute Address:		

Street Address		

City, State Zip		

NOTE: This form can be processed only with correct SSN.

Date of Absence	Leave Days (0.5 or 1.0)	Sub Payment Days	Sub Payment Hours	Code (see below)	Description or Explanation
					<input type="checkbox"/> Account Number: _____ <input type="checkbox"/> No Sub Required
					<input type="checkbox"/> Account Number: _____ <input type="checkbox"/> No Sub Required
					<input type="checkbox"/> Account Number: _____ <input type="checkbox"/> No Sub Required
					<input type="checkbox"/> Account Number: _____ <input type="checkbox"/> No Sub Required
					<input type="checkbox"/> Account Number: _____ <input type="checkbox"/> No Sub Required

For employees paid hourly wages, enter number of hours. Example: If 8 hours, enter 8.0; if 3 1/2 hours, enter 3.5.

For employees paid daily rates, enter 1.0 for full day and 0.5 for half day.

- Code 1 - Illness of Employee
- Code 2 - Illness of Employee - Tenth Consecutive Day or More
- Code 3 - Personal Leave - Dock Pay
- Code 4 - Jury Duty/Military Leave/School Business - SPECIFY
- Code 5 - Workers' Compensation -Injury on Job
- Code 6 - Annual Leave
- Code 7 - Vacant Position
- Code 8 - Emergency Leave - Specify Reason; OR
 Illness or Death in Immediate Family - Give Relationship
- Code 9 - Personal Leave - With Pay

Signature of Absent Employee

PLEASE CHECK APPROPRIATE CATEGORY:

- Teacher
- Aide
- Clerical
- Administrative
- Cafeteria
- Custodial
- Other (specify) _____

Signature of Principal or Supervisor