Independent School District 196 PAYROLL OFFICE USE ONLY Educating our students to reach their full potential Series Number 405P Revised April 2011 Adopted October 1977 _ FULL DEDUCTION Title Employee Absence and Substitute Report School/Department _ From: **Employee** # (Absent employee) _ FIRST (please print) LAST MIDDLE Employment classification (teacher, custodian, etc.) ____ AM I hereby report my absence from _ PM thru _PM, a total of _____ working hours/days. DATE My substitute was ___ Job Number_ My absence is/was due to: (Check proper item and describe as requested) ☐ My illness/doctor appt. ☐ Relative illness (indicate relative)____ □ Vacation* ☐ Bereavement (indicate relative)___ ☐ Personal leave ☐ Curriculum/school leave (describe activity) ☐ District 196 worker comp injury ☐ Other (with pay)_ ☐ Jury duty ☐ Other (deduct from pay)_____ *(Please notify the Human Resources Department in writing if any of the above vacation dates are cancelled.) Employee's signature Date Supervisor's signature procedure/400 series/405P-for printing.indd District 196 Graphics/4-26-11

Independent School District 196		PAYROLL OFFICE USE ONLY
Educating our students to reach their full potential		Chg S/L # hours/days.
Series Number 405P Adopted October 1977 Re	evised April 2011	- FULL DEDUCTION
Title Employee Absence and Substitute Report		-
From: Employee # School	ol/Department	
(Absent employee)(please print) LAST		
(please print) LAST	FIRST	MIDDLE
Employment classification (teacher, custodian, etc.)		
	AM	AM
I hereby report my absence from	PM thru TIME	
My substitute was	Job Number	
My absence is/was due to: (Check proper item and describ	e as requested)	
☐ My illness/doctor appt.	☐ Relative illness (ir	ndicate relative)
☐ Vacation*		licate relative)
☐ Personal leave		pol leave (describe activity)
☐ District 196 worker comp injury		
☐ Jury duty		pay)
*(Please notify the Human Resources Departme	nt in writing if any of the	above vacation dates are cancelled.)
Femployae's signature	Date S	Unamicado cimatura
Employee's signature	Date 5	Supervisor's signature

Employee Copy - Keep for your records

hours/days.