



Kiowa County Schools

Absence/Substitute Report

DIRECTIONS:

This report must be completed for all absences. Staff will file the completed report with their supervising principal upon knowledge of absence or returning to duty.

EMPLOYEE NAME: _____

DATE COMPLETED: _____

Date of Absence	Type of Absence S P V W D	Explanation of Absence	Total Time Absent	Substitutes Printed or Typed Name	Time Sub Worked	Substitute's Signature

LEGEND:

S = SICK P = PERSONAL
V = VACATION W = PROFESSIONAL
D = DISCRETIONARY

- Substitutes must have a current mailing address, W-4, and a copy of their Social Security Card on file at the District Office **BEFORE** substituting!

Employee Signature

Date

Building Administrator Signature

Date