

Seymour **Middle School**

Employee Report of Absence and Substitute Pay Voucher

This form is used to track all employees absences and to pay substitutes.
If an employee is absent and a substitute was used, both sections A and B must be completed.

A. Employee Name: _____		
(Please Print)		
_____	I hereby request leave of absence for the date(s) listed below	
_____	I have been absent on the date(s) listed below	
	<u># of days</u>	<u>Dates Absent</u>
Personal	_____	_____
Vacation	_____	_____
Professional Development	_____	_____
Extra-Curricular Act. (Golf, Cross Country, FFA Activities, etc.)	_____	_____
Explanation, if needed: _____		
_____		_____
Employee Signature		Date

B. Substitute Teacher _____		
Date _____	Classes Taught _____	
Account Code: Middle School – 1130-6121	PD – 2214-6121	Nurse – 2130-6161
(Circle One)	Special Education Certified – 1221-6121	Sp. Ed. Non-Certified – 1221-6161
Title I Certified K-12 – 1250-6121	Title I Non-Certified – 1250-6161	
Explanation, if needed: _____		
Amount Due: _____	Number of Hours _____	
Substitute Signature: _____		

If you are reporting an absence only and no substitute was used, complete Section A.

If a substitute is used and a staff member is not absent, only complete Section B.

Building Principal/Supervisor Confirmation _____