Beautiful Plains School Division

To Be Submitted Twice Monthly

SCHOOL:

Teacher Absences

Please report ALL absences

PAY PERIOD Month _____ Day _____ TO: Month _____ Day _____

DATES	TEACHER'S NAME	REASON FOR ABSENCE	LENGTH OF ABSENCE	TEACHER'S SIGNATURE	SUBSTITUTE'S NAME	NO. OF DAYS SUBSTITUTED	SUBSTITUTE SIGNATURE

_____

Principal's Signature

_____

Date

You are required to have teachers sign to verify the following absences:
illness or medical, compassionate leave, family medical leave, absence due to extreme weather, personal leaves, or
leave for MTS duties