



# Beautiful Plains School Division

## Teacher Absences Please report ALL absences

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

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*

\_\_\_\_\_  
*Teachers must sign to verify ALL absences regardless if a substitute is required.  
 Includes illness or medical, compassionate, family medical, absence due to extreme weather, personal leaves, PD,  
 meetings or leave for MTS duties*  
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