

College Place School District #250
Employee Absence Form & Substitute Pay Form

Employee Information - Employee & Administrator Completes

Employee Name: _____ Date of Absence: _____

Reason for Absence: _____
(Please List Title of Any Trainings & Workshops)

(Please See Back of Form for Leave Definitions)

Type of Leave Taken: _____ Sick _____ Personal Business _____ Other
(Please Check One) (Military / Jury Duty ONLY)
_____ Vacation _____ Bereavement _____ W/O Pay
(12 Month Employees Only) (Please Indicate Relationship)

_____ **District Required (District Requested) Meeting / Training / Workshop Etc...**
_____ **WWVEA Certificated Negotiated Agreement** for Sub Days for Professional Development

Time of Day Leave is Starting: _____ Time of Day Leave is Ending: _____

Total Hours of Leave Taken: _____ Sub Needed: Yes _____ No _____

Employee Signature: _____ Date Signed: _____

E.A. Supervisor's Signature: _____ Date Signed: _____
(Certificated Classroom Teacher)

Absence Approved: _____ Yes _____ No _____
Administrator's Signature: _____ Date Signed: _____

Substitute Information - Substitute Completes

(Food Services & Bus Driver Subs Please Do Not Use - Use White Time Sheet Instead)

Substitute Name: _____ Total Hours Substituted: _____

Substitute Address: _____ Time Period Worked: _____
(From When - To When)

Substitute Phone #: _____ Substitute Signature: _____

I certify that the substitute information on this form is true and
that I am the person responsible for filling out this sub information.

Date Signed: _____

New Address: _____ Yes _____ No _____

Business Office Use Only

Payroll Month Substitute Paid : _____
Amount Paid Substitute: _____
Account Code Charged: _____
Account Code Charged: _____
Account Code Charged: _____