

Support Staff Absence/Substitute Card

School Year: _____

School: _____

Employee Name: _____

Employee ID #: _____ Job ID: _____

Hours Absent: _____ Date: _____

Type of Absence: Sick Vacation Unpaid

(Employee Signature)

(Supervisor's Signature)

White copy to be attached to absent employee's time sheet.
This form does not replace the time sheet, it is supporting documentation to it.

Substitute's Name: _____

In/Out			
a.m.	a.m.	p.m.	p.m.

Employee ID #: _____ Job ID: _____

Total Hours: _____ Date: _____ Day of Week: M T W Th F

(Employee Signature)

(Supervisor's Signature)

Yellow copy to be attached to substitute's time sheet.
This form does not replace the time sheet, it is supporting documentation to it.

For Office Use Only

Rate of Pay: S _____ Y _____ = \$ _____ . _____

Account Number: _____ . _____ . _____ . _____ . _____ . _____ . _____ = _____ %

_____ . _____ . _____ . _____ . _____ . _____ . _____ = _____ %