

**LAKOTA LOCAL SCHOOL DISTRICT
ABSENCE AND SUBSTITUTE REPORT**

1. Name _____ 2. Today's Date _____
3. Date(s) of Absence _____ 4. Number of Days _____
5. Please mark the appropriate response. The Professional Leave, Personal Leave, Association Leave and Vacation Leave **require prior approval** to the absence. All classified substitutes must also fill out a time sheet for hours worked.

I certify that my absence was due (or will be due) to:

- _____ a. Personal Illness, Pregnancy, Incapacity, or Injury
_____ b. Illness or injury in my immediate family:
(Name) _____ (Relationship) _____
_____ c. Exposure to contagious disease
_____ d. Death in my immediate family:
(Name) _____ (Relationship) _____
_____ e. Professional Leave: Event _____
Purpose _____
Estimated expenses: _____

(If Applicable) Fund to be Charged: _____

****Attach a requisition for registration fee, if registering through the school district.**

****Submit any other bills with a requisition for reimbursement following event.**

- _____ f. Personal Leave (This may not extend with a holiday.) _____ g. Assault Leave
_____ h. Jury Duty (Please turn in Jury Duty Pay to Treasurer) _____ i. Military Leave
_____ j. Association Leave _____ k. Vacation Leave
_____ l. Unpaid Leave (Dock in pay)
_____ m. Other _____

6. Employee Signature _____ Date _____

7. Principal/ Supervisor Signature _____ Date _____

8. Superintendent Signature _____ Date _____
(if applicable)

9. I certify that I substituted for the above named Lakota Local School Employee on date(s) listed above.

Substitute Signature _____ Date _____