

Nauvoo-Colusa CUSD #325

Employee Absentee / Substitute Form

Employee Name _____

Date of Request _____

Date of Absence _____

Please Circle: All Day Half Day

Reason for Absence

Bereavement _____

Field Trip _____

Professional _____

Sick Day _____

Unpaid (dock) _____

Vacation Day _____

Workshop / Conference _____

Personal _____

Comp Time _____ Reason _____ Amount of Time _____

Principal/Superintendent Signature _____

Date:

Approved Not Approved

Office Use:

Substitutes Name: _____