

Staff Attendance Form

Name: _____

Today's Date: _____

Date(s) requested: _____

½ Day (AM or PM)

All Day

Personal Day

Deduct Day

Emergency Personal

Family Sick

Professional Development Day:

Name of Conference: _____

Vacation

Please fill in the information above to assist in obtaining a substitute in a timely fashion. This is a reminder that to ensure availability, previous notification is required. Emergency situations will be considered on an individual basis and must be approved by Mr. Butler.

Principal's Approval: _____

OFFICE USE ONLY

Approved:

Disapproved:

Employee Name: _____

Date(s) requested: _____

Substitute's Name: _____