

CESA 8
Employee Absence Report/Substitute Form

Employee Name: _____ Date(s) of Absence: _____

District: _____ Position: _____

Reason for Absence: _____

Signature of Employee: _____ Date: _____

Type of Leave

_____ Day(s) Bereavement Leave
See CESA 8 Policy 3433 & 4433

_____ Relationship

_____ *Day(s) deducted from sick leave
See CESA 8 Policy 3432 & 4432

_____ *Day(s) deducted from PTO (Paid Time Off)
See CESA 8 Policy 3434 & 4434

_____ Day(s) Non-deduction from pay or
sick leave/School Related Leave

**All leave is determined by length and % of employment*

Fill out this portion if applicable - Instructional Staff Only.

Name of Substitute: _____

Address: _____

City, State, Zip: _____

Social Security Number: _____ Date(s) Substituted: _____

Fill in only if SS# is not on file.

Full Day	1	2	3	4	5	Half Day	_____
							(Please document actual hours worked)
	(Please circle how many full days)						

Return to: CESA 8, Attn: Special Education Department, P.O. Box 320, Gillett, 54124

Note: CESA 8 substitute checks are issued twice a month; on the 15th & 30th.

This form must be in to the CESA office 10 days before the pay period.

Signature of Substitute

Signature of Principal

Disposition by CESA Administrator

Hourly Rate _____ Code _____

Daily Rate _____ Total Pay _____

Teacher Leave Approval

Substitute Approval

Approved: _____
Director of Special Education

CESA 8 Administrator