EMPLOYEE/ SUB CORRECTIONS

SCHOOL_____________________

EMPLOYEE NAME

1/2 day whole day

LEAVE TYPE □ Excused □ Not Excused
Sick Leave Only (Send Dr. Excuse)

DATES OF ABSENCE

* * * * * * * * * * *

SUB I.D. # ____________________________________________

COMMENTS:

___________________________________

*PRINCIPAL SIGNATURE

* must have letter attached with original signature of principal indicating she is aware of these employee/sub changes.

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