

**SPENCERVILLE SCHOOLS**  
**EMPLOYEE ABSENCE & SUBSTITUTE REPORT**

Employee's name \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_

Reason for Absence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature

If you consulted a physician, list the name, address and the date that the physician was consulted:

\_\_\_\_\_

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**SUBSTITUTE:\***

Name \_\_\_\_\_

Address \_\_\_\_\_

Date(s) worked \_\_\_\_\_

\_\_\_\_\_  
Substitute Signature

\* Be sure you have signed Form W-4, Employee Withholding Exemption Certificate

***\*\*\*Please return to building secretary or principal\*\*\****