Bismarck Public Schools

Teacher Absence /Substitute Form

SUMMER SCHOOL USE ONLY

**Aesop should be used during school year

Employee Name _____ **School** _____
PLEASE PRINT NAME

Employee ID _____

	Number of Days *If less than 1 day, please indicate % of day*	Dates of Leave From	To
Sick Leave	_____	_____ Month/Day/Year	_____ Month/Day/Year
Personal Leave	_____	_____ Month/Day/Year	_____ Month/Day/Year
Vacation Leave	_____	_____ Month/Day/Year	_____ Month/Day/Year
Unpaid/Unexcused Leave	_____	_____ Month/Day/Year	_____ Month/Day/Year
Other	_____	_____ Month/Day/Year	_____ Month/Day/Year

If Professional Leave, state purpose _____

_____ _____
Employee Signature **Supervisor Signature**

Substitute Name _____
PLEASE PRINT NAME

Employee ID _____

_____ **X** _____ **=** _____
# of Days **Amount Per Day** **Total Payment**

_____ _____
Substitute Signature **Supervisor Signature**

Accounting Use Only

Account Code 01. . . . . . %

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