



CERTIFICATE OF ABSENCE 2017-2018

Employee #: _____ Name: _____

Signature: _____

School (Base): _____ Grade/Subject: _____ Substitute Name: _____

Number of Days: _____ Date(s) Absent: _____ Time in classroom: _____

REGULAR ABSENCES

- Sick #01
- Annual/Vacation #07
- Personal #02
- Jury #08
- Bereavement #05 (Relation): _____
- Other School Business #26 (Activity): _____
- Leave Without Pay #06
- Other Funds – Paid from: _____

PROFESSIONAL DAYS

Name of Workshop/Activity: _____

How does this activity impact your school and system improvement plan? _____

Sub Funding Source:

- Professional Learning #11
- Title I #32
- IDEA (SPED) #13
- Title II A #16
- GA Pre-K #34
- Title III #24

Principal/Supervisor Signature _____ Date _____

Approved Denied
