

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

ITINERANT TEACHER ABSENCE REPORT

SPECIAL EDUCATION

Date : _____

Name: _____
(Name)

Dates of absence: _____
(indicate 1/2 day, indicate a.m. or p.m.)

Reason for absence: (please check one)

- Teacher Sick
- Family sickness
- Personal Leave
- Funeral (for whom) _____
- Professional Leave _____
- Other _____

Teacher's Signature

Mail completed form to:

Director of Special Education
620 Industrial, PO Box 760
Goddard KS 67052