SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE #618

TEACHER ABSENCE AND SUBSTITUTE REPORT

SPECIAL EDUCATION

Date: _____

Absent Teacher: _____
(Name)

Dates of absence: _____
(indicate 1/2 days)

Reason for teacher absence: (please check one)

[ ] Teacher Sick

[ ] Family sickness

[ ] Personal Leave

[ ] Funeral (for whom) _____

[ ] Professional Leave _____

[ ] Other _____

Substitute Teacher: _____
(Name)

Address of Substitute Teacher:

_____
(Street)

_____
(City) (Zip)

_____
(Social Security Number of Substitute Teacher)

_____ _____
Principal's Signature Substitute's Signature

Mail completed form to:

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

ESC-43 (updated 7-01)