

NAME: _____ PAY PERIOD STARTS: ____ / ____ / ____ PAY PERIOD ENDS: ____ / ____ / ____ EMP#: _____

[illegible]

B -Bereavement
JD -Jury Duty
O -Other
PD -Pers Discretion
PN -Pers Necessity
S -Sick Leave
SB -School Business
V -Vacation
VA -Vacancy
WC -Workers Compensation

SUBSTITUTE'S SIGNATURE