

CERTIFIED ATTENDANCE RECORD AND CERTIFIED SUBSTITUTE PAY VOUCHER

EMPLOYEE: _____ **EMPLOYEE #:** _____ **SCHOOL:** _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Date of Absence	Length of Absence Circle One	Reason for Absence Circle One (See codes below)	Comments/ Explanation of Emergency Days	Substitute Signature	Substitute Print Name	Substitute Emp. # Required Field
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				
	3.5 Hours 7.0 Hours	IL PE EM PD JU KT				

Principal's Signature: _____ Date: _____

ABSENCE REASON CODES		CENTRAL OFFICE USE ONLY	
IL=ILLNESS	JU=JURY DUTY	IL XXX1118 01201	KT XXX1118 0120
PE=PERSONAL	KT=KTIP	PE XXX1118 01202	JU XXX1118 0120
EM=EMERGENCY (COMMENTS)		EM XXX1118 01203	
PD=PROFESSIONAL DEVELOPMENT (COMMENTS)		PD XXX2053 0120 140X	