

Certified Attendance Record and Certified Substitute Pay Voucher

Employee Name: _____ **Employee Number:** _____ **Location:** _____

Date of Absence	Length of Absence	Length of Absence	Reason for Absence Circle One (See codes below)	School Professional Development 140x Check Box	Professional Dev Non-School Funds Account Code Required	Substitute Employee Number	Substitute Signature
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				
	Half Day	Full Day	IL PE EM JU DOCK				

Absence Code Descriptions	Account Code Examples
IL = ILLNESS DOCK = UNPAID LEAVE PE = PERSONAL JU = JURY DUTY EM = EMERGENCY (Approved by Personnel Director)	District STLP = 0002118 0120 162x(Sparks) Future Leaders (Owens) =0011099 0120 Pegasus = 0001118 0120 Race to Top = xxx2053 0120 436x Preschool = xxx2001 0120 135x Special Ed = xxx1121 0120 Seek Paid = xxx1118 0120 0002 Title I = xxx2118 0120 310x
District codes need to be preapproved before using.	

Entered into AESOP by: _____ (Forms must match AESOP Entry, if adjustments are need please call payroll)

Employee Signature (Approval) _____ **Principal Signature (Approval)** _____

Please follow the Payroll Calendar for submission dates of time sheets & absentee forms.
All leaves of absence must be entered into AESOP and a form completed, even if there isn't a substitute.