

Beresford School District #61-2  
**Employee Absence / Substitute Pay Form**  
 {Use ONE form for each day absent}

Employee Name: \_\_\_\_\_

Date Absent: \_\_\_\_\_  A.M.     P.M.     Full Day

- |  |  |
|--|--|
| <input type="radio"/> Employee Illness / Medical Appointment | <input type="radio"/> Activity Advisor _____ |
| <input type="radio"/> Family Illness _____                   | <input type="radio"/> Workshop/Seminar _____ |
| <input type="radio"/> Personal Leave - No Cost **            | <input type="radio"/> Other Activities _____ |
| <input type="radio"/> Personal Leave - Sub Cost **           | <input type="radio"/> Leave Without Pay      |
| <input type="radio"/> Bereavement Leave _____                |  |

\*\* Personal Leave requires prior approval by the Superintendent.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Principal's Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Superintendent's Signature

Date: \_\_\_\_\_

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## Substitute Report

{The pay scale is \$95.00 per day; \$105.00 per day after 10 consecutive days for the same teacher.}

Substitute Name: \_\_\_\_\_

I declare and affirm that this claim is to the best of my knowledge and belief in all things true and correct.

\_\_\_\_\_  
Substitute's Signature

Date: \_\_\_\_\_

{Administration Use Only}  
Absence Covered In-House

|        |       |
|--------|-------|
| 1st Pd | _____ |
| 2nd Pd | _____ |
| 3rd Pd | _____ |
| 4th Pd | _____ |
| 5th Pd | _____ |
| 6th Pd | _____ |
| 7th Pd | _____ |
| 8th Pd | _____ |