



Report of Leave

Weakley County Schools

Educator's Name

School

Date/dates of absence may be listed above: **MUST** be listed below

NO Substitute used (please mark X in box)

1. Sickness or Bereavement of : (check appropriate)

Self ___ Spouse ___ Parent ___ Grandchild ___
Child ___ Sibling ___ *In-Law ___ Grandparent ___
Aunt/Uncle ___ Cousin ___ Niece/Nephew ___ OTHER** _____

Dates of Absence (indicate whole and/or 1/2 days, A.M. or P.M.)

Total

2. Personal (maximum 2 per year) _____

Dates of Absence (indicate whole and/or 1/2 days, A.M. or P.M.)

Total

Principal & Director of Schools' approval required if immediately preceding or following holiday or vacation period.

3. Other (Conference, Meeting, etc.) _____

Dates of Absence (indicate whole and/or 1/2 days A.M or P.M.)

Total

Please specify source of funding for sub pay (i.e. Staff Development ,Title I, Sp.Ed, Vocational, School funds, Other)

4. Days W/O Pay (salary deduction) _____

Dates of Absence (indicate whole and/or 1/2 days, A.M. or P.M.)

Total

Educator's Signature

Principal's /Director's Signature

Note: This form must be completed by all certificated employees even if a substitute teacher is not required. Any leave days that are not covered by the two (2) personal days or by accumulated sick days will be deducted from the educator's salary.

* Includes only mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law.

** Requires approval of principal.

(Rev. 1-1-2015)

Substitute teacher information on the reverse side.

Name of Substitute

WEAKLEY COUNTY
Substitute Teacher Information

Licensed YES _____

 Employee's Name

 Last 4 of SS#

Indicate your time worked by entering the dates and times you worked in the chart below.

DATE	IN	OUT	IN	OUT	HOURS WORKED	FUND # <i>To be completed by Payroll</i>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
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17						
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25						
26						
27						
28						
29						
30						
31						

 Principal Signature

 Date