

**EMPLOYEE ABSENCE INFORMATION
AND SUBSTITUTE PAY INFORMATION**

This form must be completed for the **current day only** by the substitute working for an absent teacher, nurse or librarian in order to be paid. **Do not enter a date range for multiple days.** This form is necessary for use by the campus secretary to enter the absence and substitute information into the TEAMS system on a **daily basis**.

Substitute must complete:

Campus _____ Job # _____

Date of Absence _____ Half Day _____ Full Day _____

SSN (last 4 digits) _____ ID # _____

Substitute Name (Please print legibly) _____

Substitute Signature _____

Campus secretary must complete:

Absent Employee _____

SSN (last 4 digits) _____ ID # _____

Absence Reason _____ Half Day _____ Full Day _____

Entered on TEAMS (Date) _____ (Initials) _____

Comments: _____
