

SHARED SERVICES
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Quentin H. Rueckert
Executive Director

Daniela Belanger
Assistant Director

SHARED SERVICES
ABSENCE/SUBSTITUTION FORM

SUBSTITUTE: _____ POSITION: _____

EMPLOYEE: _____ DATE: _____

STARTING TIME	ENDING TIME	NUMBER OF HOURS WORKED

EMPLOYEE SIGNATURE: _____

SUBSTITUTE SIGNATURE: _____

ABSENCE FORM – TO BE COMPLETED BY EMPLOYEE

EMPLOYEE: _____ DATE: _____

PLEASE INDICATE: FULL DAY HALF DAY

REASON FOR ABSENCE: _____

CLASSROOM PARA ASSUMES TEACHING DUTIES

TEACHER: _____ DATE: _____

PARA: _____

REASON: _____

STARTING TIME	ENDING TIME	NUMBER OF HOURS WORKED