



Unionville-Sebewaing Area Schools



Request for Substitute/Absence

Job No.: _____ (Needs to be obtained before form is submitted for approval) _____ Whole Day
Date of Absence: _____ **Length of Absence:** _____ AM
 _____ PM
 _____ No. of Hours

Employee ID No.: _____ **Employee Name:** _____

Reason for Absence: _____

Substitute Required: Yes _____ No _____ **Substitute Requested:** Yes _____ No _____

Substitute ID No.: _____ **Substitute Name:** _____

Substitute to Work: _____ Whole Day _____ AM _____ PM or _____ No. of Hours

Principal/Supervisor Approval: _____

Absent Employee's Signature: _____



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