

GRANT PARISH SCHOOL BOARD

EMPLOYEE ABSENCE & SUBSTITUTE PAY FORM

YEAR: _____

MONTH: _____

EMPLOYEE ID# _____

CLASS CODE _____

EMPLOYEE NAME _____

SCHOOL _____

MONTH	DAY	1/2 OR 1 DAY	REASON CODE	COMMENT FOR REASON CODE	SUBSTITUTE ID NUMBER	SUBSTITUTE NAME	SUBSTITUTE DEGREED? YES OR NO	REASON CODES	
								CLASS CODES	
									01 TEACHER
									06 TEACHER AIDE
									02 SCHOOL SECRETARY
								01 PERSONAL ILLNESS	05 BUS DRIVER
								02 FAMILY ILLNESS	07 BUS AIDE
								03 PERSONAL LEAVE	03 LUNCH TECH-7.0 HR
								08 MATERNITY LEAVE	22 LUNCH TECH-5.5 HR
								06 WORKER'S COMPENSATION	20 LUNCH TECH-4.5 HR
								09 JURY DUTY (*)	04 LUNCH TECH-3.5 HR
								23 COURT (*)	23 LUNCH TECH-2.5 HR
								15 SABBATICAL	09 CUSTODIAL-8.0 HR
								16 SCHOOL BUSINESS (**)	17 CUSTODIAL-7.0 HR
								17 PROFESSIONAL DEVELOPMENT (**)	10 CUSTODIAL-6.0 HR
								22 APPROVED BEREAVEMENT (*)	16 CUSTODIAL-5.0 HR
								11 BEREAVEMENT	15 CUSTODIAL-4.0 HR
								10 VACATION (12 MONTH ONLY)	14 CUSTODIAL-3.0 HR
								14 VACANT POSITION	13 CUSTODIAL-2.5 HR
								(*) DOCUMENTATION REQUIRED	12 CUSTODIAL-2.0 HR
								(**) COMMENT REQUIRED	

	TOTAL DAYS OUT
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 EMPLOYEE SIGNATURE

 PRINCIPAL SIGNATURE