



TUPELO PUBLIC SCHOOL DISTRICT PERSONNEL ABSENTEE & SUBSTITUTION REPORT

PERSONNEL ABSENTEE RECORD

Employee Number: _____

Employee Name: _____ School/Location: _____

Date(s) Absent: _____ Total Day(s) Absent: _____

Type of Leave Requested:

☐ Sick ☐ Legal ☐ Military ☐ Personal Charge ☐ Personal No Charge*

☐ Vacation (12-Month Employee) ☐ Professional (Please Explain) _____

Employee Signature | Date

Principal/Supervisor Signature | Date

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SUBSTITUTION REPORT

Substitute Name: _____ Employee Number: _____

Date(s): _____ Total Number Days Substituted**: _____

Signature | Date

**Two days personal leave at no charge applicable to licensed employees only*

**Please indicate time of substitute if less than one day*

REVISED 5/27/21