

WENATCHEE SCHOOL DISTRICT #246

SUBSTITUTE ABSENCE REPORT

MONTH _____ YEAR _____

_____ Certificated _____ Classified

SUBSTITUTE'S NAME (Please Print)

SUBSTITUTE'S SIGNATURE _____
DATE

| Date | Job # | Sub for | Building | # of hours |
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Submit this form to payroll no later than sixty (60) days following the date of the cancelled job. All dates in May and June must be turned in no later than July 10th.

WORKSHEET FOR PAYROLL USE ONLY

| PAY CODE | ACCT # | RATE | HRS | WK DATE | TOTAL |
|----------------------------|--------|------|-----|---------|-------|
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| TIME SHEET TOTAL \$ | | | | | _____ |