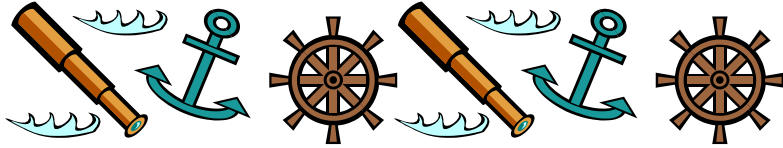


Fulton County Elementary/Middle School Staff Absentee Notification Form



Administrative Action Taken

- Approved
- Denied
- Substitute to Contact

Staff Member	
Date Submitted	
Date of Absence	
If ½ Day Absence	<input type="checkbox"/> A.M. (8:00-11:30) <input type="checkbox"/> P.M. (11:30-3:00)
Type of Absence	<input type="checkbox"/> Personal Day (Need to request 2 weeks in advance)
	<input type="checkbox"/> Sick Day
	<input type="checkbox"/> PD Day Name/Location
Duty Schedule	<input type="checkbox"/> I do not have early duty on this date.
	<input type="checkbox"/> I do not have late duty on this date.
	My early duty will be covered by:
	My late duty will be covered by:
Substitute Information	<input type="checkbox"/> I do not need a substitute on this date.
	<input type="checkbox"/> I will need a substitute on this date.
	Substitute Requested for absence:

****Please note that ALL ABSENCES should be filled out on this form unless you have an unplanned Sick Day.****

****This form should be submitted to the office as soon as the need for a substitute is known.****

Staff Member's Signature

Date