

# ABSENCE REPORT

MODOC COUNTY OFFICE OF EDUCATION

Mike Martin, Superintendent  
139 Henderson St.  
Alturas, CA 96101  
(530) 233-7103

Employee Name: \_\_\_\_\_  SELPA  Preschool  ELP  TPP  MCOE  EHS  OTHER

Substitute Name: \_\_\_\_\_  SELPA  Preschool  ELP  TPP  MCOE  EHS  OTHER

Date(s) of Absence: \_\_\_\_\_

*The dates of absence MUST BE indicated or the form will be returned to you for completion.*

**PLEASE CHECK ONE:**

SICKNESS – SELF	
SICKNESS IN FAMILY	
DEATH IN FAMILY	
* PERSONAL LEAVE (no reason – 3 days max)	
PERSONAL NECESSITY (deducted from sick leave – must provide reason – 7 days max)	
JURY DUTY	
* ASSOCIATION LEAVE	
* INSERVICE (please provide name of event below)	
ACCIDENT ON DUTY	
LEAVE WITHOUT PAY	
VACATION	

**MCOE EMPLOYEE SUBSTITUTE**

I worked my regular assigned job duty and subbed for MCOE for additional hours.

I did not work my regular assigned job duty of \_\_\_\_\_ hrs. from the below program

SELPA  Preschool  ELP  TPP

\_\_\_\_\_

Limited Term Substitute for \_\_\_\_\_ was absent and needed a substitute.

\* Prior approval required  
Explanation of absence (explain as required) \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hours Absent \_\_\_\_\_

Substitute Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Hours Worked \_\_\_\_\_

Supervisor Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director or Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTICE TO EMPLOYEE:**

**This form is to be signed by the regular employee and substitute. Failure to do so will cause the substitute not to be paid.**

**DEADLINE: This form must reach the County Office of Education Payroll Department by the last day of each month.**

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Job Code: _____	Fund	Resource	Yr	Goal	Function	Object	Schl	Local1	Local2
Hrs/Days____ Rate____ Amt Due____									
Hrs/Days____ Rate____ Amt Due____									
Hrs/Days____ Rate____ Amt Due____									
Hrs/Days____ Rate____ Amt Due____									