

High Plains Education Cooperative
621 E Oklahoma
Ulysses KS 67880

MONTHLY TEACHER ATTENDANCE REPORT

School: _____ Month/Year: _____

Absent Teacher's Name	Date Absent	Full Day	1/2 Day	Reason for Absence					Substitute Teacher's Name
				EL	PL	JD	NP	ProL	

1. Each principal will submit a monthly report even if there are no absences
2. Show actual date and place an "X" to select full or half day.
3. Reason for absence - place an "X" as coded
 - EL - Emergency Leave (includes; illness-self or family, Bereavement)
 - PL - Personal Leave
 - JD - Jury Duty
 - NP - Non-Professional Leave
 - ProL - Professional Leave
4. Substitute Teacher - Please list name in full.
5. Please keep a copy for your records.

Submit
As an attachment to leaveforms@hpec611.net by the 15th of the following month

If you have questions, contact Chrissie Mangels at 356-5577 or chrissie@hpec611.net

For additional copies of this form - go to:
http://www.hpec611.net/185131_2