

# Walthall County School District

## Employee Absentee Form

\_\_\_\_\_  
Date of Absence

\_\_\_\_\_  
Name of Absent Employee

\_\_\_\_\_  
Name of Substitute

\_\_\_\_\_  
SS # of Employee

\_\_\_\_\_  
SS # of Substitute

Reason for absence:

Sick Leave

Personal Leave

Professional Leave

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Signature of Substitute

\_\_\_\_\_  
Signature of Principal