

Substitute/Per Diem Employee Absence Report

Employee Full Legal Name:	
Signature:	Last 6 digits of SSN #
Date Submitted:	Dates of Absence (1 form per each day absent):
Certificated Teachers (see box1) <input type="checkbox"/>	Classified (see box 2) <input type="checkbox"/>

You must be eligible first before you can use Type of Absence below: See your Substitute Resource Guide further information at www.scusd.edu

BOX 1	Type of Absence Certificated Teachers	½ Day	2/3 Day	Full Day
SICK	Employee Illness (Include Appointments With Doctors Connected With Illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FSICK	Family Illness (Include Appointments With Doctors Connected With Illness)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note to Substitute Employees: Please ensure all fields are completely filled out on this Form-12b. This is a required document and must be delivered to the Substitute Office no later than the 25th of each month. Failure to do so will result in the absence being considered as unauthorized, and a non-paid day.

Box 2	Type of Absence Classified	Classified Hourly Time
SICK	Employee Illness (Include Appointments With Doctors Connected With Illness)	
FSICK	Family Illness (Include Appointments With Doctors Connected With Illness)	

Sub Office/Payroll Use Only:	
Day to Day Sub <input type="checkbox"/>	Long Term Sub Teacher <input type="checkbox"/>