

KEENE INDEPENDENT SCHOOL DISTRICT 2015-2016 SUBSTITUTE REPORT FORM

ELEM _____ KJH _____ KHS _____ ALC _____

Sub #: _____

Sub Name: _____

Address: _____

Rate of Pay: _____

- *TYPE OF LEAVE**
- (01) - Local Personal Leave
 - (04) - Non-paid day
 - (07) State Sick (earned prior to 1994)
 - (08) - State Personal Leave
 - (11) - Jury Duty
 - (30) - School Business

EMP #	ABSENTEE EMPLOYEE NAME	1/2 Day	*Type of Leave		Date	*SUBSTITUTE SIGNATURE	Pay Amount

Campus Supervisor/Designee _____

TOTAL PAY FOR THIS SUBSTITUTE: \$ _____