# Beautiful Plains School Division

## Teacher Absences

**Please report ALL absences**

**DATE:** _____ **SCHOOL:** _____

| DATES | TEACHER'S NAME | REASON FOR ABSENCE | LENGTH OF ABSENCE | TEACHER'S SIGNATURE | SUBSTITUTE'S NAME | NO. OF DAYS SUBSTITUTED | SUBSTITUTE SIGNATURE |
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***Principal's Signature***

***You are required to have teachers sign to verify the following absences:***
***illness or medical, compassionate leave, family medical leave, absence due to extreme weather, personal leaves, or leave for MTS duties***