

RENSSELAER CITY SCHOOL DISTRICT

KNOWN ABSENCE FORM

NAME: _____ DATE: ___ / ___ / ___

SUBJECT TAUGHT: _____

DATE OF ABSENCE: ___ / ___ / ___ ___ FULL DAY ___ PARTIAL DAY (TIME)

REASON: ___ SICK ___ PERSONAL ___ BEREAVEMENT

ADMINISTRATOR'S SIGNATURE: _____

Signature acknowledges receipt of this notification of a known absence. A copy of the signed sheet will be returned to the teacher no later than 48 hours of receipt.

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For Administrative Use Only:

Funding source: _____

Name of Substitute(s) _____

Additional Notes: