

**CALDWELL PARISH SCHOOL SYSTEM
OFFICIAL/SICK/VACATION**

DATE: _____

EMPLOYEE ID : _____

EMPLOYEE'S NAME : _____

JOB LOCATION : _____

DATE OF ABSENCE : _____

REASON FOR ABSENCE : _____

SIGNATURE OF EMPLOYEE

SUBSTITUTE NAME / ID #

APPROVED BY: John M. Gullatt, Superintendent

******* ALL OFFICIAL LEAVE MUST HAVE PRIOR APPROVAL *******

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