

TIFFIN CITY SCHOOLS
TEACHER ABSENCE AND SUBSTITUTE EMPLOYED
FORM-A

To: Tiffin City Board of Education
 244 S. Monroe Street
 Tiffin, OH 44883

Date: _____

School: _____

ABSENCE CODE	NAME OF ABSENTEE	DATE	TIME IN	TIME OUT	TIME IN	TIME OUT	TOTAL HOURS EXCLUDING LUNCH	HALF OR FULL DAY	RATE	AMOUNT DUE

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Office Use Only

 Print Name

 Signature of Substitute

To the Principal:
 Five (5) days before each payday, turn in one blank for each substitute employed. Substitute teachers are paid at the rate of \$90.00 per day.

Please indicate in Column "Code" the reason for absence:
 S-Sickness C-Conference I-In-District Professional Development P-Personal Day O-Other

 Print Name

 Signature of Principal