



Certified Staff Notification of Absence

Please complete this form in its entirety and email to Dr. Walters.

Name:

Date:

Date(s) of Absence

Check One:

Full

Half am

Half pm

Reason: *(mark the appropriate choice)*

Sick Leave

Annual Leave

Staff Development

Flex Time

Other

Substitute Teacher Request

Name of substitute (if applicable):

Date contacted (if applicable)

Date absence called in to STEMS (required):

Please list assigned job number here (required):

**ALL CLASS ROSTERS AND LESSON PLANS SHOULD BE LEFT ON YOUR
DESK FOR THE SUBSTITUTE.**