RIVER VALLEY TECHNICAL CENTER

Teacher Absence & Substitute Report

_____

Name

Date(s) of Absence:	**Amount of Time** (1-hour increments) (Full Day = 6.5 hrs.)	**Abs. Code**	**Substitute**
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Absence Codes: **A**=Absent, **AP**=Absence that extends a holiday or school recess
PF=Professional Day, **O**=Other (field trip, jury duty, etc. please specify _____)
Please refer to STA Master Agreement, Article 12.1 for additional information.

_____ _____

Director/Asst. Director Date

RIVER VALLEY TECHNICAL CENTER

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Director/Asst. Director Date