



Teacher Absence Weekly Reporting Form
Substitute Teacher, Classroom Supervisor Time

Teacher's Name: _____ Location: _____
Last Name First Name

Teacher's Employee # _____ Week of: _____
 Teacher's FTE: _____ Monday to Friday (Week must end when month does)

Date y/m/d	am %	pm%	code	Description (workshop, etc.)	No Sub	Substitute/Supervisor Name	am%	pm%
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Notes: _____

Principal's Signature

* Supply Billing Information Details Below for Codes 50, 51, 52, 53

Contact: _____
Address: _____

Absence Codes					
01	Sick (first 3 days)	14	Paternity Leave LOA Note 1	*51	ATA Barnett House
02	Sick Board (after 3 consec. days)	15	Compassionate Partial Pay LOA Note 1	*52	AB ED
03	Medical (Personal Appointments)	16	Principal Lieu Day	*53	Outside Billings i.e.: ERLC
04	Compassionate (first 3 days) Note 1	20	School Based Professional Growth	63	3V Education Delivery
05	Compassionate Board (after 3 days) Note 1	21	Alternate Project – ATA PG	86	Convocation Leave LOA Note 1
06	Family Medical Note 1	22	ATA PG Edson	87	Teacher Mentorship
07	Personal Leave Note 1 – Full Pay	23	ATA PG Hinton	89	FNMI
17	Personal Leave Note 1 – 50% Sub Cost	24	ATA PG Lobstick	90	Curriculum & Instruction
08	Personal Leave Partial Pay (office use) Note 1	25	ATA PG Jasper	91	Inclusive Education
09	Personal Leave Without Pay (office use) Note1	26	ATA PG Grande Cache	96	PUF
10	Release/Prep Time (school budget)	27	Literacy	97	Leadership Academy
11	Admin. Time/Acting Principal	30	Division Leadership Team	99	Technology Workshops
12	School Budget (Field trips, Sports, etc.)	*50	ATA Local (Bd. Mtgs/ATA Reps. /PG Comm. Member Mtgs.)		Special Workshops/Inservice Code obtained from Coordinator
13	Early Childhood Services				

Note 1-Requires preauthorized LOA form