



Beautiful Plains School Division

Teacher Absences Please report ALL absences

DATE: _____ SCHOOL: _____

DATES	TEACHER'S NAME	REASON FOR ABSENCE	LENGTH OF ABSENCE	TEACHER'S SIGNATURE	SUBSTITUTE'S NAME	NO. OF DAYS SUBSTITUTED	SUBSTITUTE SIGNATURE

Principal's Signature

*You are required to have teachers sign to verify the following absences:
illness or medical, compassionate leave, family medical leave, absence due to extreme weather, personal leaves, or
leave for MTS duties*