

NAME: _____

Employee #: _____

COMPLETE ONLY IF ADDRESS HAS CHANGED

ADDRESS: _____

CITY & POSTAL CODE: _____

EMAIL: _____

PHONE: _____

FORWARD TO:

School District No. 62 (Sooke)
3143 Jacklin Road
Victoria, B.C. V9B 5R1
Fax # 250-474-9885

WEEK 1

BEGINNING DATE: _____ 20 _____

| DATE | DY | TM | SCH # | TEACHER ABSENT | PORTION OF DAY | REASON FOR ABSENCE | G.L. CODE | AUTHORIZED SIGNATURE | RATE OFFICE USE |
|-----------------|----|----|-------|----------------|----------------|--------------------|-----------|----------------------|-----------------|
| | M | am | | | | | | | |
| | | pm | | | | | | | |
| | T | am | | | | | | | |
| | | pm | | | | | | | |
| | W | am | | | | | | | |
| | | pm | | | | | | | |
| | T | am | | | | | | | |
| | | pm | | | | | | | |
| | F | am | | | | | | | |
| | | pm | | | | | | | |
| TOTAL DAYS-WK 1 | | | | | | | | | |

WEEK 2

BEGINNING DATE: _____ 20 _____

| DATE | DY | TM | SCH # | TEACHER ABSENT | PORTION OF DAY | REASON FOR ABSENCE | G.L. CODE | AUTHORIZED SIGNATURE | RATE OFFICE USE |
|------|----|----|-------|----------------|----------------|--------------------|-----------|----------------------|-----------------|
| | M | am | | | | | | | |
| | | pm | | | | | | | |
| | T | am | | | | | | | |
| | | pm | | | | | | | |
| | W | am | | | | | | | |
| | | pm | | | | | | | |
| | T | am | | | | | | | |
| | | pm | | | | | | | |
| | F | am | | | | | | | |
| | | pm | | | | | | | |