

SCHOOL DISTRICT OF COLBY Employee Absence Form

Name _____ Date of Absence _____

Substitute Needed Yes No Date of Request _____

Detailed Reason for Absence:

Period/Time	Subject	Room	Substitute

Approval Disapproval

Substitute Arranged: Yes No Substitute _____

* If you are attending a workshop, conference or meeting please indicate which program will be used to fund the activities. This **MUST** be completed.

STAFF DEVELOPMENT (221300):

- 141 – Title I
- 365 – Title II-A Quality Teachers
- 328 – Title II-D Educational Technology
- 391 – Title III-A LEP
- 329 – Title IV Innovative Programs Safe Drug Free Schools
- 150 – Title V Innovative Programs
- 332 – SAGE
- 345 – IDEA READS – CESA 10
- 347 – IDEA Special Education – Preschool
- 000 – IDEA Special Education – Elem. MS/HS
- 401 – Carl Perkins Vocational Funds
- 405 – Carl Perkins State 10% Reserve
- 836 – Project Lead the Way (PLW)
- 605 – NTC Funds School-to-Work
- 901 – General – Elementary
- 902 – General – Middle School
- 903 – General – High School
- 916 – Athletic
- Other – Please Explain: _____