

WOODLAKE PUBLIC SCHOOLS

Leave Verification & Substitute Payroll Authorization

Elementary

High School

Employee's Name: _____

Date(s) of Absence: _____

Total Days/Hours: _____

Substitute's Payroll Information

Name: _____

Signature: _____

Certificated: Full Day Half Day

Classified: No. of Hours Worked _____

Reason for Absence (To be completed by Employee)

Sick

Vacation

Judicial

Conf/Workshop

Association

In School Sub

Personal Necessity: _____
(Contract Number)

Bereavement: _____
(Relationship to Employee)

Personal Day: Free Day

Off Sick Leave

Other: _____

Employee Signature: _____

Date: _____

Approved

Dock/Denied

Supervisor's Signature: _____

Date: _____