GRANT PARISH PUBLIC SCHOOLS

Employee Absence & Substitute Pay Form

Monthly employee absence and substitute pay record

Year | **Month** | **Employee ID #** | **Class Code** | **Employee Name** | **School**

Month	Day	1/2 or 1 Day	Reason Code	Comment for Reason Code	Substitute ID Number	Substitute Name	Degreed? Yes/No

Reason Codes

01 PERSONAL ILLNESS
02 FAMILY ILLNESS
03 PERSONAL LEAVE
06 WORKER'S COMPENSATION
08 MATERNITY LEAVE
09 JURY DUTY (*)
10 VACATION (12 MONTH ONLY)
11 BEREAVEMENT
14 VACANT POSITION
15 SABBATICAL
16 SCHOOL BUSINESS (**)
17 PROFESSIONAL DEVELOPMENT (**)
22 APPROVED BEREAVEMENT (*)
23 COURT (*)

01 = sick leave; 03 = personal time off
(*) Documentation required
(**) Comment required

Class Codes

01 TEACHER
02 SCHOOL SECRETARY
03 LUNCH TECH-7.0 HR
04 LUNCH TECH-3.5 HR
05 BUS DRIVER
06 TEACHER AIDE
07 BUS AIDE
09 CUSTODIAL-8.0 HR
10 CUSTODIAL-6.0 HR
12 CUSTODIAL-2.0 HR
13 CUSTODIAL-2.5 HR
14 CUSTODIAL-3.0 HR
15 CUSTODIAL-4.0 HR
16 CUSTODIAL-5.0 HR
17 CUSTODIAL-7.0 HR
20 LUNCH TECH-4.5 HR
22 LUNCH TECH-5.5 HR
23 LUNCH TECH-2.5 HR

Total Days Out ☐

Employee Signature

Principal Signature