High Plains Education Cooperative
621 E Oklahoma
Ulysses KS 67880

MONTHLY TEACHER ATTENDANCE REPORT

School: _____ Month/Year: _____

Absent Teacher's Name	Date Absent	Full Day	1/2 Day	Reason for Absence					Substitute Teacher's Name
				EL	PL	JD	NP	ProL	

1. Each principal will submit a monthly report even if there are no absences.
2. Show actual date and place an "X" to select full or half day.
3. Reason for absence - place an "X" as coded
   EL - Emergency Leave (includes; Illness-self or family, Bereavement)
   PL - Personal Leave
   JD - Jury Duty
   NP - Non-Professional Leave
   ProL - Professional Leave
4. Substitute Teacher - Please list name in full.
5. Please keep a copy for your records.

Submit

As an attachment to hpecleav@pld.com
by the 15th of the following month

If you have questions, contact Chrissie Mangels
at 356-5577 or cmangels@pld.com

For additional copies of this form - go to:
http://www.highplainsed.com/USDadministrators.htm