

**ADELANTO ELEMENTARY SCHOOL DISTRICT
WEEKLY CERTIFICATED ABSENCE REPORT**

SITE/SCHOOL: _____

WEEK OF: _____

DATE	HOURS	D I S T	S I T E	ABSENTEE'S NAME	SUBSTITUTE'S NAME	JOB #	REASON

ORIGINAL: BUSINESS OFFICE - ATTN: MONA MONTENEGRO
COPY: SCHOOL FILE

SUPERVISOR NAME: _____ DATE: _____

Revised: 12/2018 SUPERVISOR SIGNATURE: _____ DATE: _____