

**ADELANTO ELEMENTARY SCHOOL DISTRICT
WEEKLY CLASSIFIED 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: _____

SUPERVISOR SIGNATURE: _____

DATE: _____