

McDonell Area Catholic Schools

Employee and Substitute Absence Payroll Reporting Form

MACS Employee Name: _____

Please check reason for your absence, write date, # of hours and comment/explain if necessary:

Vacation Date _____ Hrs _____

Health/Sick (you or family member) Date _____ Hrs _____

Funeral Date _____ Hrs _____

Personal Date _____ Hrs _____

Unpaid Time Off Date _____ Hrs _____

(deduction from pay for contracted Employees)

Professional development Date _____ Hrs _____

Spiritual Retreat (one per year) Date _____ Hrs _____

Other (jury duty, military duty & other) Date _____ Hrs _____

Will this absence require us to employ a substitute? _____ Yes _____ No

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

(Admin Asst/Principal: please submit completed form to MACS Central Office.)

Central Office (payroll) Initial: _____ Date: _____

Thank you for serving as a substitute staff member for the McDonell Area Catholic Schools. Please sign at the bottom of this form to confirm hours and dates worked and return it to the school's Administrative Asst. Please ask the principal or another staff member if you have any questions.

Substitute Name: _____

Telephone & email: _____

School: _____

Grade or Position: _____

Dates you worked: _____

Total hours worked: _____

(for extended periods of service, please continue & explain on back of form)

Payment for services will coincide with our school system's payroll schedule.

Please sign & date: _____ Thank you!