## **Highland School**

Staff/Faculty Nan	ie
•	

DATE:		(circl	(circle one)		
Monday		Half Day	Full Day		
Tuesday		Half Day	•		
Wednesday		Half Day	•		
Thursday		Half Day	•		
Friday		Half Day	•		
ADDRESS:					
CITY, STATE, ZIP:  (Pay period is 11 <sup>th</sup> to the 10 <sup>th</sup> . If this is the first time you have subbed this month, please complete all the above information.					
Please check all that apply:					
Charge this day of <b>Sick Leave</b> to me					
This was for <b>School Business</b> *Reason for School Business					
This was a <b>Professional Development Day</b> *Name of Conference/Meeting					
Vacation Day (12 MONTH CONTRACTED PERSONNEL ONLY)					
	Stafi	l's Signature			
	Administ	trator's Signature			