SCHOOL UNION # 133
TEACHER
ATTENDANCE REPORT

Windsor ☐ Palermo ☐ Somerville ☐

Teacher Name	Date of Absence	**Type of Leave**					**Teacher Signature**
		Sick	Personal	Profess.	Bereave	Other	

PLEASE SUBMIT THIS REPORT WITH YOUR BI-WEEKLY PAYROLL INFORMATION. THANK YOU!

Date: Principal Signature: