

Birmingham Public Schools I-18

Building/Department: _____

Today's date: _____

Nature and Location of Activity: _____

Name: _____	a.m.	custom time: _____
Date of Absence: _____	p.m.	_____
	full day	_____
Substitute Required:	Yes	Comments: _____
	No	_____
<i>If you have pre-arranged for a substitute, please confirm below:</i>		
Substitute name: _____		
Teacher signature: _____		
For Office Use	AESOP Confirm # _____	

Additional absence(s) for the same activity:

Name: _____	a.m.	custom time: _____
Date(s) of Absence(s): _____	p.m.	_____
	full day	_____
Substitute Required:	Yes	Comments: _____
	No	_____
<i>If you have pre-arranged for a substitute, please confirm below:</i>		
Substitute name: _____		
Teacher signature: _____		
For Office Use	AESOP Confirm # _____	

Special Instructions: _____

Signature/Approval – Building Principal

Date

Signature/Approval – Budget Manager

Date