Centre de services scolaire du Littoral
Québec

# ABSENCE REPORT

## EMPLOYEE INFORMATION

| | |
|---|---|
| Last name: | First name: |
| Employee number: | |
| School, centre or service: | |
| Employement category: | |

## DATE OF ABSENCE

| Date from | Date at | Day of the school calendar (teacher only) | Number of hours | Number minutes | Half day | Full day | | Substitution and time sheet number (if applicable) | Reason for absence<br>For any absence of more than 4 days, please download the "DISABILITY MEDICAL REPORT" on the CSSL website or by clicking here |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | ○ | ○ | | | |
| | | | | | ○ | ○ | | | |
| | | | | | ○ | ○ | | | |
| | | | | | ○ | ○ | | | |
| | | | | | ○ | ○ | | | |

## NOTE

**(Please specify the nature of the absence by sending a supporting document if applicable)**

## SIGNATURES

| Employee | Date | Immediate superior | Date |
|---|---|---|---|
| _____ | _____ | _____ | _____ |

* ***The ABSENCE REPORT*** **must be sent to the following address:** absences@cssdulittoral.gouv.qc.ca
* **For more information, please consult the document *ABSENCE POLICY AND PROCEDURES* on our website:** www.cssdulittoral.gouv.qc.ca

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