

Absence Form

In light of our commitment (see Family Registration) we need to take our planned absence very seriously as it affects many people and can make it difficult to run our co-op. If you feel your absence falls under something that cannot be changed and must be done on a particular Wednesday please fill out this form at least 2 weeks prior to your expected absence.

Name _____

Today's date _____

Absence Date _____

Reason for Absence _____

In accordance with our agreement I have found these people from our co-op to fulfill my obligations. Please look at who may be a float for that hour or if there are 3 people in a class where one could be pulled etc... Your absence will disrupt, but we want to have the co-op function as normally as possible considering as well that others may end up out sick that day.

Hour	My place that hour	Who is filling that role
1 st		
2 nd		
3 rd		
4 th		
5 th		
6 th		

Substitutions approved by _____ date _____
(absence coordinator)

This form will be stored in our binder and your replacements will appear on the white board the day you are out. Thank you for letting us know ahead and taking this situation seriously.