

**QUANAH INDEPENDENT SCHOOL DISTRICT
BUS DRIVER ABSENCE REPORT**

Substitute Name _____

Regular Driver: _____	Day Absent: _____
Reason for Absence: _____ Sick _____ Personal _____ School Function/Workshop	
_____ All Day _____ AM Route _____ PM Route	

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_____ All Day _____ AM Route _____ PM Route	

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