

New Haven Unified School District
MANAGEMENT/CONFIDENTIAL STAFF ATTENDANCE REPORT

CALENDAR MONTH: _____

NAME: _____

TITLE: _____

(A) **REGULAR DAYS WORKED IN MONTH:** _____

Authorized extra days worked in month: _____
(include copy of Superintendent/designee-
approved Authorization for extra workdays)

Total Days Worked: _____ (A)

EXCHANGE OF WORK DAYS

(See NHAA Agreement, 10.6 Work Year. Requires supervisor's approval in advance)

Worked _____ this month in exchange for currently scheduled work day(s) _____
Date(s) Date(s)

(B) **DAYS ABSENT WITH PAY**

days sick: _____ Dates: _____

other days absent: _____ Dates: _____ Code*: _____

Total Days Absent with Pay: _____ (B)

(C) **UNPAID DAYS USED**

Vacation (225-day employee):

days used: _____ Dates: _____

other days absent: _____ Dates: _____
(include copy of Supervisor's
approval of absence)

Total Days Absent Without Pay: _____ (C)

TOTAL DAYS WORKED + DAYS ABSENT: _____

Employee Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

***Legend of Absence with Pay:**

P/I - Personal illness or injury

P/N - Personal necessity

BRV - Bereavement

I/A - Industrial accident and leave

J/D - Jury duty/witness leave

F/I - Family Illness leave (AB 109 per year for
illness of child, parent, spouse)

EPD - Educational/Professional Development leave
(MUST have written approval of supervisor)

**PLEASE RETURN TO THE PAYROLL SUPERVISOR IN THE BUSINESS DEPARTMENT
BY THE 5TH OF THE FOLLOWING MONTH**