

EMPLOYEE ABSENCE REPORT

Certificated Staff Only	
<input type="checkbox"/>	1/2 Day
<input type="checkbox"/>	Full Day

Employee Name _____		Building _____
Employee Signature _____	Date _____	Position _____

The reason for my absence on: _____ was: _____
 (Date of Absence)

SICK LEAVE:	
<input type="checkbox"/> Self	<input type="checkbox"/> Family _____
<input type="checkbox"/> Medical Appointment	
<input type="checkbox"/> General Illness	
<input type="checkbox"/> Industrial Accident	_____
(Nature of Accident)	

ABSENCES REQUIRING PRIOR APPROVAL		YES	NO
<input type="checkbox"/> Emergency Leave - Application Completed		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Bereavement Leave - Application Completed		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Personal Leave - Prior Notice to District		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Incentive Leave - Prior Notice to District		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Jury Duty - Prior Notice to District		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vacation		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Leave Without Pay <u>(Superintendent Approval Required)</u>		<input type="checkbox"/>	<input type="checkbox"/>

ABSENCES REQUIRING PRIOR APPROVAL/BUDGET CODE		YES	NO
<input type="checkbox"/> * Prior Approval - District Business (Explain Below)		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> * Association Leave <input type="checkbox"/> CEA <input type="checkbox"/> WEA <input type="checkbox"/> PSE		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> * Other Leave _____		<input type="checkbox"/>	<input type="checkbox"/>
* _____			
*BUDGET CODE REQUIRED/PO #	DESCRIPTION		

Supervisor Approval _____

Date _____