

ABSENCE REPORT

CAMPUS / DEPARTMENT FORM

- REPORT** Each employee must submit an absence form, immediately upon returning to work. A written statement from the attending physician with a release to return to work, should be attached to this form if absent 5 or more days. **Employee must notify HR if absent more than 5 days.**
- REQUEST** Prior approval should be secured from immediate supervisor for any absence from campus related to Professional Leave directed or sanctioned by the district. **Personal Leave requires a 3 day advanced approval.**

Name of Employee _____ Employee ID: _____

Campus or Administrative Unit _____ Today's Date: _____

Type of Absence/Leave	# of Hrs	# of Days			Date(s) Requested	Explanation
		AM	PM	ALL		
A. Local Leave						
PI - Employee Illness						
PI - Maternity / Adoption						
FI - Family Illness						
D1 - Bereavement (Immediate Family)						
B. State Personal Leave						
D2 - Bereavement (Other)						
PL - Other						
C. J- Jury Duty / School Related Court Appearance						
D. Non-Contract						
E. Military Leave						
F. Approved School Business						
SB1 - Out of Town						
SB2 - In District						
SB3 - Student Extra Curricular						
G. Personal Pleasure (with loss of pay)						
H. Administrative Leave						
I. Assault Leave						

- 1 Jury Summons MUST be submitted with report
- 2 Military orders MUST be submitted with report
- 3 Superintendent or designee's approval required for Principals and Directors

revised: 7/1/18

_____ Approve _____ Disapprove

Employee Signature

Supervisor Signature