

Alisal Union School District
Fiscal Services

Cause of Absence Form

Check One: ☐ Certificated ☐ Classified

Name: _____ Employee ID: _____

Date(s) of Absence: _____ Total Hours Absent: _____

I hereby request to use:

- ☐ **Vacation**
- ☐ **Personal Illness (Sick Leave)**
- ☐ **Personal Necessity** *(state reason)*
(Charged to sick leave. In accordance with Education Code 45207 and bargaining unit contracts for max usage)
- ☐ **Personal Leave** *(requires 48-hour notice)*
(Charged to sick leave. In accordance with bargaining unit contracts for max usage)
- ☐ **Bereavement** – Relationship: _____
- ☐ **Jury Duty** *(attach verification of attendance)*
- ☐ **Compensatory Time Off**
- ☐ **District Business** *(state reason and provide supporting documents)*
- ☐ **Worker's Compensation** *(attach supporting documents and submit copy to Risk Management)*
(A claim must be on file and approved by Risk Management)
- ☐ **Non-Work Day**
- ☐ **Absent Without Pay**
- ☐ **Other** *(state reason and provide supporting documents)*

Please state reasons for Personal Necessity, District Business, and Other:

Please Note: Exhaustion of leave balances may result in deduction from pay.

I hereby affirm that the reason indicated above is a true and correct statement of the cause of my absence.

Employee Signature

Date

Supervisor Signature

Date