

CAUSE OF ABSENCE

Name _____ Classified: No. of Hrs. Absent _____

Date(s) of Absence _____ Certificated: No. of Days Absent _____

I hereby request to use:

Employee Id: _____

Check one of the reasons below:

Personal Illness

Personal Necessity (**STATE REASON**)

Personal Leave (**NEED 48 HOURS NOTICE**)

Bereavement - Relationship: _____ (**STATE INFO**)

District Business (**STATE REASON AND INCLUDE BACK-UP**)

Jury Duty (**ATTACH VERIFICATION**)

Worker's Compensation (**ATTACH VERIFICATION, SUBMIT COPY TO HUMAN RESOURCES**)

Absent without Pay

Compensatory Time Off

Non-Work Day

Vacation

Other (**STATE REASON AND ATTACH BACK-UP**)

In accordance with Education Code 45207 (For personal necessity) and with school district policy for the above days of absence.

For **all** absences, **please state facts and reasons** with the exceptions of Personal Illness and Personal Leave, Compensatory Time Off, Non-Work Day, Vacation:

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

Employee Signature

Date

Approval Signature

Date