

**MT. DIABLO UNIFIED SCHOOL DISTRICT**

**CLASSIFIED  
PERSONAL ABSENCE REPORT**

TODAY'S DATE				MONTH	YEAR
EMPLOYEE ID #	SCHOOL/WORK SITE	SUBSTITUTE	CLASS OR JOB TITLE		
LAST NAME	FIRST	INITIAL	DATES ABSENT	TOTAL HOURS ABSENT	

**NOTE:** Approval of supervisor is required prior to employee taking vacation leave.

*This part must be completed for every absence as soon as employee returns to work.*

This is to certify that I was absent because of:

- (SCK) Illness  
Doctor/Dental Appointment  
(employee)
  - (CRT) Court Appearance/Jury Duty  
or JRY) (Attach official verification)  
Remit fee to District
  - (MIL) Military Leave (Attach Orders)
  - (PSN) Personal Necessity  
(Deducted from earned sick leave)
  - (BER) Bereavement (Immediate Family)  
Travel required to:  
  
\_\_\_\_\_
- Relationship \_\_\_\_\_

- (VAC) Vacation
- (LWP) Authorized Leave Without Pay  
(with prior approval)
- (FLH) Floating Holiday
- (WKC) Industrial Accident  
date occurred \_\_\_\_\_

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Vacation approval

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**NOTE:** Verification or additional information may be required.

FOR OFFICE USE ONLY

I certify that this is a true and accurate report of the above absence to the best of my knowledge.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

White	-	Payroll
Canary	-	Dept. HD/Supervisor/Principal
Pink	-	Employee - Verif.
Golden	-	Employee - Request