

**MT. DIABLO UNIFIED SCHOOL DISTRICT**  
**CERTIFICATED ABSENCE VERIFICATION**  
**PSYCHOLOGISTS**

EMPLOYEE ID NUMBER	SCHOOL/WORK SITE	NAME OF SUBSTITUTE	MONTH	YEAR
LAST NAME	FIRST	INITIAL	FULL-TIME EMPLOYEE	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>
			PERCENT OF FULL TIME _____ %	
(BEGINNING DATE)		(ENDING DATE)	TOTAL WORK DAYS ABSENT	
ABSENT FROM		THROUGH		

**ABSENCES—NO DEDUCTION**

- (WKC) INDUSTRIAL ACCIDENT**—Max. 60 days per year  
Date of injury \_\_\_\_\_
  
- (BER) BEREAVEMENT**  
Location \_\_\_\_\_  
  
Relationship to employee \_\_\_\_\_  
Up to 4 days or up to 5 days if travel beyond 200 miles, or 10 days if travel beyond Continental U.S.
  
- (CRT) COURT APPEARANCE**—(not as a litigant)  
As a witness or in response to an official order.  
Attach summons or verification. Remit witness fee to District per EC 44036.
  
- (JRY) JURY DUTY**  
Attach jury receipt for verification.  
Remit jury fee to District per EC 44036.
  
- (MIL) PAID MILITARY**—Attach copy of orders.

**ABSENCES—DEDUCT FROM EARNED SICK LEAVE**

- (SCK) ILLNESS OR ACCIDENT**—Employee  
In case of absence of 6 or more consecutive days, the illness must be verified by a licensed physician or recognized practitioner of a church.  
  
\_\_\_\_\_  
Signature of Doctor/Practitioner                      Date
  
- (PSN) PERSONAL NECESSITY**—Max. 10 days per year (7 days Personal Necessity • 3 days Personal Business)  
Prior notice is not required:
  - Death of a member of the immediate family.
  - Accident involving his/her person or property or the person or property of a member of the immediate family.
  - Serious or critical illness of a member of the immediate family calling for services of a physician.
 Prior written notice is required:
  - Appearance in any court or administrative tribunal as a litigant.
  - Observance of a religious holiday or activity of his/her faith.
  - Funeral of a relative or friend not living in household.
  - Maternal/Paternal—upon the birth or adoption of a child.
  
- (PSN) PERSONAL BUSINESS**—Max. 3 days per year  
Matter could not be dealt with outside of my work day or religious observance. (Prior written notice is required.)

**ABSENCES WITHOUT PAY—DEDUCT FROM SALARY**

- (LWP) GENERAL LEAVE**  
Prior approval by Assistant Superintendent, Administrative and Personnel Services, required.

I hereby certify that the above is a true and accurate report of absence(s).

\_\_\_\_\_  
Employee Signature    Date

\_\_\_\_\_  
Principal/Supervisor Signature    Date

APPROVED                       NOT APPROVED

\_\_\_\_\_  
Director, Certificated Personnel    Date

\_\_\_\_\_  
Asst. Superintendent, Pupil Services/Spec. Ed.    Date