

MT. DIABLO UNIFIED SCHOOL DISTRICT
CERTIFICATED ABSENCE VERIFICATION

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) MILITARY LEAVE**—Attach copy of orders.
- (COM) COMPENSATORY TIME—OUTDOORED**
- (VAC) EARNED VACATION**—Administrators

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
 - Serious illness/accident of a member's immediate family
Nature of illness/accident _____
 - Relationship to employee _____
 - Accident to person or property
Nature of accident _____
 - Funeral of relative or friend not living in household
 - Maternal/Paternal—birth or adoption of a child
 - Religious Observance
 - Other _____

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 Admin. & Pers. Serv. Date

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