

MT. DIABLO UNIFIED SCHOOL DISTRICT

**CLASSIFIED
PERSONAL ABSENCE REPORT**

TODAY'S DATE				MONTH	YEAR
SOCIAL SECURITY NO.		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