

Today's Date _____

To be used for scheduled absences. Please use a separate form for each absence event, whether it is one day or multiple, consecutive days.

NAME _____ EMPLOYEE I.D. _____

School or Dept. _____ Grade/Subj. Area _____

Position or Assignment _____ Substitute Required Yes No

Employee Status ASAR RTA BENTE RAP

Dates for Requested Absence _____ Total # of Days _____

Write Date(s) in Appropriate Box(es) Below - Check Type of Day

Use example to the right to indicate date and type. →	Day of Week	MON.	TUE.	WED.	THU.	FRI.	MON.	TUE.	WED.	THU.	FRI.
	Date										
	A.M. P.M.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
	Full Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REASON (Check Appropriate Box)

- (11) Illness* (22) Death - One Day Allowance Relation: _____
- (12) Family Illness (21) Death - Five Day Allowance Relation: _____
- (41) Personal Business** (13) Workman's Compensation***
- (71) C.S.E. Vacation (Eligible Units Only)
- (72) Annual Reviews/IEP Day (61) Conventions/Conferences
- (62) Instructional In-service Name of Conference _____
- (63) Career In Teaching (CIT) Unpaid Absence (Specify): _____
- (52) Jury Duty Other (Specify): _____

Comments _____

* Illness: Certificate of Personal Illness (CPI) per Unit Contract.

** Personal Business: Shall be requested three (3) days in advance, except for emergencies. Personal days requested before or after a holiday must be approved by Human Resources.

*** Workman's Compensation (Injury at Work): Submit appropriate paperwork to the Benefits Department.

Employee Signature _____

ADMINISTRATOR/OFFICE/HUMAN RESOURCES USE ONLY

Approved Not Approved Comments _____

Principal/Department Head Signature _____

Date _____

Job Number _____ Requested Substitute _____

Approved Not Approved Comments _____

Human Resources Approval if Applicable _____

Date _____

Salary Deduction (Human Resources Use Only) None Full Regular

If applicant's absence requires the assignment of a substitute, then additional approval is required by the appropriate Department Head responsible for providing substitute personnel.