

ORCUTT UNION SCHOOL DISTRICT
EMPLOYEE ABSENCE REPORT

NAME _____ SCHOOL DEPARTMENT _____
DATE(S) ABSENT _____
NO. OF DAYS _____ NO. OF HOURS _____

1. PERSONAL ABSENCE – (illness and vacation must be within allotment granted) **FULL PAY**
PERSONAL ILLNESS _____ **AB109** _____ **VACATION** _____ **COMP** _____
(child, parent, spouse)
2. BEREAVEMENT _____ IMMEDIATE FAMILY (As defined in Contract) **FULL PAY NOT DEDUCTED FROM SICK LEAVE**
NO. OF DAYS _____ RELATIONSHIP _____

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3. PERSONAL NECESSITY – WITHIN ALLOTMENT 4. OTHER ABSENCE – NOT DEDUCTED FROM SICK LEAVE
____ ILLNESS (Immediate Family) _____ JUDICIAL OR OFFICIAL APPEARANCE (Submit check to District)
____ NECESSARY FAMILY RESPONSIBILITY _____ JOB INJURY (Submit Release to Return to Work)
____ OTHER – EXPLAIN _____ JOB RELATED ACTIVITIES _____
____ ABSENCE WITHOUT PAY _____

.....
____ APPROVED _____ NOT APPROVED SUPERVISOR'S SIGNATURE _____

I CERTIFY THAT THE FOREGOING IS TRUE AND CORRECT.
EMPLOYEE SIGNATURE _____ DATE _____

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