

<LEA Name>
EMPLOYEE'S AFFIDAVIT OF ABSENCE

<input type="checkbox"/> CERTIFICATED	<input type="checkbox"/> CLASSIFIED
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Last Name	First Name
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Department/School	Title/Position
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EMPLOYEE AFFIDAVIT OF ABSENCE

I hereby submit my statement of absence from duty.

I was absent on _____ for _____ days/hours.
Date(s)

For the following reason(s):

<input type="checkbox"/> Health/Maternity*	<input type="checkbox"/> Bereavement Leave** - Relationship: _____
<input type="checkbox"/> Leave without Pay	<input type="checkbox"/> School Business – Activity: _____
<input type="checkbox"/> Illness/Medical Appts.**	<input type="checkbox"/> Compensation Day (Management/Confidential)
<input type="checkbox"/> Deduct Days	<input type="checkbox"/> Compensation Time (Classified)
<input type="checkbox"/> Vacation	<input type="checkbox"/> Non-Contract Days (Certificated Mgmt./Executive Cabinet)
<input type="checkbox"/> Personal Necessity	<input type="checkbox"/> Jury /Witness Duty*
<input type="checkbox"/> Personal Business	<input type="checkbox"/> On-the-Job Injury (Workers' Comp)*: _____

* Supporting document must be provided

** Supporting document must be provided
under specified circumstances

Employee Signature	Date
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Approved:

Supervisor's Signature	Date
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