



**Adelanto Elementary School District**

**Absence Report**

**Location:** \_\_\_\_\_

<b>PRINT OR TYPE FULL NAME</b>		<b>CHECK APPROPRIATE BOX:</b>	
		This is to certify I: <input type="checkbox"/> was <input type="checkbox"/> will be absent from work	
<b>Last 4 of SS#:</b>	<b>Dates of Absence:</b>	Making a total of: Hours	

**My Absence Was Due To:**

1. _____ Hour(s) -	<b>ILLNESS LEAVE:</b> Article 14.1, Administrative Regulation 4161.1 (Certification of a physician may be required). Sick Leave Deduction 11 Days/Year FMLA and/or CFRA approved leave
2. _____ Hour(s) -	<b>PERSONAL NECESSITY LEAVE:</b> Article 14.2, Education Code §44981. Sick Leave Deduction – Reasons 14.2 (b).(1 – 8) FMLA and/or CFRA approved leave <b>Reason:</b> <input type="checkbox"/> Bereavement (Additional) <input type="checkbox"/> Accident/Incident – Employee/Family <input type="checkbox"/> Court Appearance/Court Ordered <input type="checkbox"/> Family Member Illness <input type="checkbox"/> Appointment – Employee or Family <input type="checkbox"/> Funeral Service (In Addition to Bereavement) <input type="checkbox"/> Hazardous Road/Weather Conditions <input type="checkbox"/> Birth or Adoption of a Child
3. _____ Hour(s) -	<b>PERSONAL BUSINESS:</b> Article 14.3. Sick Leave Deduction. No more than 5 days/school year.
4. _____ Hour(s) -	<b>BEREAVEMENT:</b> Article 14.4. Up to 5 days granted. No Sick Leave Deduction Specify relationship of deceased: _____
5. _____ Hour(s) -	<b>PERSONAL LEAVE:</b> Article 14.5. Payroll Deduction. Prior Approval Required.
6. _____ Hour(s) -	<b>JURY OR WITNESS SERVICE:</b> Article 14.8. Must submit court receipt and reimburse District.
7. _____ Hour(s) -	<b>UNION RELEASE TIME</b>
8. _____ Hour(s) -	<b>OTHER REASONS:</b> Civic duty, etc.
9. _____ Hour(s) -	<b>SCHOOL BUSINESS:</b> TIC, SST, Conf., IEP, etc.
10. _____ Hour(s) -	<b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE:</b> Article 14.7

I understand that payments and/or deductions are processed in accordance with State Laws and District Policies.

Today's Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SCHOOL SECRETARY WITHIN 24 HOURS OF YOUR ABSENCE OR YOUR PAYCHECK WILL BE DOCKED.**

<b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE</b>	
<input type="checkbox"/> Pending Claim (Sick Leave Deduction) <input type="checkbox"/> Accepted Claim (60 Days IAL) <input type="checkbox"/> Verification Received	
Risk Management Approved: _____	Date: _____

**PRIOR APPROVAL REQUIRED:**  Approved  Denied

Today's Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Substitutes and Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_