

Adelanto Elementary School District
CERTIFICATED/CLASSIFIED SUBSTITUTE
PERSONNEL ABSENCE REPORT

PRINT OR TYPE FULL NAME	CHECK APPROPRIATE BOX: <input type="checkbox"/> Certificated <input type="checkbox"/> Classified	
Last 4 of SS#:	Job #:	
Date(s) of Absence:	School Site:	Position:

My Absence Was Due To:

1. _____ Hour(s) Illness Leave* **TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR THE ABOVE DAY.**
2. _____ Hour(s) Personal Necessity Leave* **TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR THE ABOVE DAY.**
Please explain reason for Personal Necessity:

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

 Today's Date

 Employee's Signature

I certify that I have evaluated the preceding absence information and find it to be correct.

 Today's Date

 Director of Fiscal Services

Please return this absence report to MONA MONTENEGRO in the District Office
TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR
THE ABOVE DAY.