Adelanto Elementary School District CERTIFICATED/CLASSIFIED SUBSTITUTE PERSONNEL ABSENCE REPORT

PRINT OR TYPE FULL	. NAME	CHECK APPROPRIATE BOX: Certificated Classified
Last 4 of SS#:		Job #:
Date(s) of Absence:	School Si	te: Position:
My Absence Was Due	e 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	Emplo	yee's Signature
I certify that I have evaluated the preceding absence information and find it to be correct.		
Today's Date	Direct	or of Fiscal Services

Please return this absence report to MONA MONTENEGRO in the District Office, or you can email your completed copy to Mona_Montenegro@AESD.NET

TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR

THE ABOVE DAY.