



Adelanto Elementary School District

Absence Report

Location: _____

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

My Absence Was Due To:

1. _____	Hour(s) -	ILLNESS LEAVE: Article 14.1, Administrative Regulation 4161.1 (Certification of a physician may be required). Sick Leave Deduction 11 Days/Year
2. _____	Hour(s) -	PERSONAL NECESSITY LEAVE: Article 14.2, Education Code §44981. Sick Leave Deduction – Reasons 14.2 (b.)(1 – 8) Reason: <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) -	PERSONAL BUSINESS: Article 14.3. Sick Leave Deduction. No more than 8 days/school year.
4. _____	Hour(s) -	BEREAVEMENT: Article 14.4. Up to 5 days granted. No Sick Leave Deduction Specify relationship of deceased: _____
5. _____	Hour(s) -	PERSONAL LEAVE: Article 14.5. Payroll Deduction. Prior Approval Required.
6. _____	Hour(s) -	JURY OR WITNESS SERVICE: Article 14.8. Must submit court receipt and reimburse District.
7. _____	Hour(s) -	UNION RELEASE TIME
8. _____	Hour(s) -	OTHER REASONS: Civic duty, etc.
9. _____	Hour(s) -	SCHOOL BUSINESS: TIC, SST, Conf., IEP, etc.
10. _____	Hour(s) -	INDUSTRIAL ACCIDENT OR ILLNESS LEAVE: 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.

INDUSTRIAL ACCIDENT OR ILLNESS LEAVE	
<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: _____

