

UNIFIED SCHOOL DISTRICT NO. 365

ABSENCE REPORT

Name of Employee

Title, Building, or Assignment

Number of days absent Date(s) absent

Employee Signature

Chargeable Leave

(Please indicate applicable leave and explain)

No. (Days)	Code	Reason
1		Personal Illness/Dr.
2		Family Illness/Dr.
3		Funeral Leave – Family
4		Funeral Leave – Non-Family

No. (Days)	Code	Reason
5		Personal Leave
6		Emergency Leave
7		Maternity Leave
8		Miscellaneous (Explain below)

Explanation (reason) for above absence (if applicable):

Non-Chargeable Leave

(Please indicate applicable leave)

(X)	Code	Reason
	9	Coaching Duties
	10	Student Activities
	11	Professional Leave
	12	Jury Duty

(X)	Code	Reason
	13	Court Subpoena
	14	In-service
	15	Leave Without Pay
	16	Miscellaneous _____

THIS ABSENCE APPROVED UNDER LEAVE.
(Number)

Date

Principal/Supervisor signature