EVERGREEN UNION SCHOOL DISTRICT
ABSENCE FROM DUTIES

NAME: _____   DATE SUBMITTED: _____

DATE(S) OF ABSENCE(S): _____

_____

DATE RETURNED: _____

TOTAL ABSENCE: _____ HOURS / DAYS
(Please indicate hours for each day if more than one day is listed)

REASON FOR ABSENCE: _____

_____

_____

_____ BEREAVEMENT		
_____ COMPENSATORY TIME		
_____ WORKERS' COMP		
_____ JURY DUTY		
_____ PERSONAL BUSINESS		
_____ PERSONAL NECESSITY		
_____ PERSONAL NECESSITY - 1 day		
_____ RELEASE TIME		
_____ SCHOOL BUSINESS		
_____ SICK LEAVE		
_____ VACATION-12 month Employees Only		
_____ **ABSENCE REQUEST DENIED**		

PAYROLL PURPOSES ONLY
SALARY DEDUCTION

_____ HOURS / DAYS FULL SALARY DEDUCT

_____ HOURS / DAYS SUBSTITUTE DEDUCT

SUPT. INITIALS

Job Code _____ _____ = < _____ >

Job Code _____ _____ = < _____ >

_____

Job Code _____ _____ = < _____ >

TOTAL DEDUCT: < _____ >

_____   _____   _____
EMPLOYEE SIGNATURE   SUPERVISOR / PRINCIPAL SIGNATURE   SUPERINTENDENT SIGNATURE

SICK LEAVE Year-to-Date Balance

	SICK LEAVE HOURS	PERS NEC HOURS	PERS BUS HOURS
Balance Forward	_____	_____	_____
Sick Leave Used	_____	_____	_____
Personal Necessity Used	_____	_____	_____
PN - 1 Used	_____	_____	_____
Personal Business Used	_____	_____	_____
Year-to-Date Balance	_____	_____	_____

VACATION Year-to-Date Balance

	HOURS
Balance Forward	_____
Vacation Used	_____
Year-to-Date Balance	_____