

Fullerton School District
CLASSIFIED PERSONNEL ABSENCE REQUEST FORM

(A) DEPARTMENT/SITE: _____ (B) EMPLOYEE: _____

(C) CLASSIFICATION: _____ (D) DATE REPORT FILED: _____

(E) I was/need to be off duty a *full* day on the following date(s):

Beginning Date of Absence: _____ Ending Date of Absence: _____

(F) I was/need to be off for a *partial* day on the following dates:

Date: _____ Time From: _____ To: _____

Date: _____ Time From: _____ To: _____

Date: _____ Time From: _____ To: _____

(G) Total Days Absent: _____

(H) The reason for my absence(s) was/is:

***PLEASE NOTE:** The reason(s) for the absence(s) must be in sufficient detail for the supervisor to understand the reason(s) for the absence(s) to insure that all leaves are granted in a proper manner.

PLEASE CHECK TYPE(S) OF LEAVE BELOW FOR ABSENCE:

- 1 Illness (Physician verification may be required)
- 2 Industrial Accident/Illness (Give details in Section H)
- 3 Bereavement Leave (Provide relationship of deceased in Section H)
- 4 Personal Necessity (Give specific reason for absence in Section H)
- 5 Paid Leave Day (Less than 4 hour employees)
- 6 Vacation
- 7 Unpaid Personal Leave
- 8 Jury Duty (Verification of jury duty must be attached)
- 9 Witness Leave (Copy of subpoena must be attached)
- 10 Military Leave (Verification must be attached)
- 11 Hospitalization of Immediate Family Leave (Give specific details in Section H). Deducted from Sick Leave)

I CERTIFY that on the dates listed above I was/will be absent for the reasons indicated and unable to carry on the duties of my assignment.

SIGNATURE OF EMPLOYEE: _____

The requested absence of the employee is: Approved Disapproved

If disapproved, the reason is as follows: _____

SIGNATURE OF SUPERVISOR: _____ **DATE:** _____

DISTRIBUTION: (Please Circle Destination on Each Copy)
Original - Department/Site; 1 Copy Retained by Employee; 1 to Classified Personnel;
1 Returned to Employee Upon Approval/Disapproval