



Certificated Employee Absence Report

| Employee Name (Type or Print): | | | |
|--|---|-------------------------|--|
| Date Filled: | | Social Security Number: | |
| | | | Certificated <input checked="" type="checkbox"/> |
| Position / Classification: | | | |
| Site / Location: | | | |
| Code Letter | Personal Necessity Leave | Number of | |
| | | Days | Hours |
| A | Agreement February 21, 1995 Article 9, Section 6.2.1 (1 Day) | | |
| B | Agreement February 10, 1995 | | |
| C | Agreement August 12, 1994 (May use no more than ten [10] days per school year.) (No more than five [5] consecutive days.) | | |
| Explanation: | | | |
| <u>Note to Employee:</u> Please ensure all explanations are completed filled out, and required documentation is attached. Failure to do so will result in the absence being considered as unauthorized and pay will be docked. | | | |
| Signature: | | | |