



San Juan Unified School District

Employee Absence Form

Name: _____ Employee Identification Number: (_____)

(Go to: <http://district.sanjuan.edu/eid/> to find your employee ID Number)

Site/Location: _____ Position/Classification: _____

Hours must be indicated in quarter hour increments only: 1-15 minutes = .25 Hrs., 16-30 minutes = .50 Hrs., 31- 45 minutes = .75 Hrs., 46-60 minutes = 1 Hr.

Type of absence (see 2 digit code below) _____ Start Date: _____ End Date: _____ Total hours: _____

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(1A) Substitute Employee Sick Leave (AB304 Requirement) *Must be a minimum of 2 hours; three days maximum SL allowed.*

(11) Sick Leave: Illness, Injury or Medical Appointment

(12) Personal Necessity: Must be preapproved. See (2) below.

(13) Parental (Childbirth): Leave: Must submit Doctor's Verification

(20) Bereavement – 3 days – Name of Deceased: _____ Relationship to Deceased: _____

(21) Bereavement – 5 days (300 miles or more, one way) address: _____ One Way Mileage: _____

Name of Deceased: _____ Relationship to Deceased: _____

(22) Jury Duty (Must attach verification to absence form)

(23) Temporary Military Duty (Attach orders with form)

(24) Critical Illness in Immediate Family (3 days): attach completed Critical Illness Verification Form

(26) Vacation: indicate your available hours: _____ *Vacation requests must be preapproved using this form. See (1) below.*

(27) Workers' Comp.: Report Filed? Yes No (Circle one)

(29) Short Term Professional Leave: Not to exceed 20 days

(33) Authorization to attend Conference/Workshop/Visitation

(34) Negotiations Session

(36) In-District Assignment

(42) Critical Illness/Injury in immediate family extension (not to exceed 20 days)

(52) Salary Deduction/Personal Business

(63) Absence not Authorized/AWOL

(66) Leave of Absence: Must be approved through Human Resources

(67) Compensatory Time Used (Comp Time): *Comp Time must be preapproved using this form. See (1) below.*

Employee's Signature: _____ Date _____

Date Supervisor/Administrator Receives Request: _____

Request is: () Approved () Not Approved () Need to Reschedule () N/A: Notification Only

Supervisor/Administrator's Signature: _____ Date: _____

For complete information regarding all entitlements that you may be eligible for, please refer to your bargaining unit contract.

If your contract allows an entitlement and the absence reason code is not listed above, please contact the payroll manager at 971-7222.

For classified employees the following must be approved in advance

(1) Vacation/Compensatory Time Scheduling: Vacation must be approved in advance. Vacation shall be scheduled at times requested by members so far as possible within the District's work requirements.

(2) Personal Necessity (PN): **Except for emergencies, PN must be preapproved at least 2 business days in advance. PN is defined as emergency or personal matters which require the member to be absent from work during his/her regular work hours and which cannot be accomplished during the member's non-work hours. PN cannot be used for Recreation, Other Employment, Work Stoppage, Strike or any Illegal Activity.**