

**AROMAS-SAN JUAN UNIFIED SCHOOL DISTRICT
MONTHLY ABSENCE REPORT FORM**

EMPLOYEE _____ **MONTH** _____ **YEAR:** _____

Location: (circle) AR / SJ / ANZ / PreSc / DO / Transp / Food Service

Date	Reason Code	Reason for Absence	Substitute Name	Employee Initials	Half/ Full Day
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Reason

- Codes:**
- | | |
|-----------------------------------|-------------------------------------|
| SL: Sick Leave | PN: * Personal Leave |
| BL: Bereavement Leave | JD: Jury Duty |
| RT: Release Time | ML: Military Leave |
| SM/SP: Maternity/Paternity | ReL: Religious Holidays/Obsv |
| VAC: Vacation | |

***REQUIRES advance approval**

Supervisor's Signature _____ Employee Signature _____