

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

**\*REQUIRES advance approval**

Supervisor's Signature \_\_\_\_\_ Employee Signature \_\_\_\_\_