



Employee Name (Print)

ABSENCE FORM 1/20 (All Personnel)

This is to certify that I was/will be absent from my duties a total of ____day(s) on _____

I hereby request my absence be compensated and charged against my accumulative leave as provided in the Master Contract or Policy Manual.

Please charge absence to:	
Bereavement Leave _____ (relationship) _____	
Sick Leave used as a _____	required
Bereavement Day _____ (2 per year)	
Personal Leave _____	
Sick Leave _____ (relationship) _____	
Written verification of absence prior to and immediately following a school calendar vacation must be attached	required
Vacation _____ (12 mo employee only)	
Professional Leave _____	
LEA Leave _____	
Jury Duty _____	
Loss of Pay _____	

Must check appropriate box

	<input type="checkbox"/>	
Payroll #	Certified	Classified
Signature		
Date		

Employee information/forms are available at
<https://www.employeebenefitswebsite.com/wwwci/index.php>

Principal/Supervisor:

Approved _____ Date _____

Denied _____ Date _____

*If absence is due to a medical issue and is anticipated to be more than 10 work days, you are required to contact the Personnel Office 30 days prior to leave. If leave is unforeseeable, you or someone on your behalf shall provide notification as soon as possible and practical.