A – Sick Leave
C – Personal Leave
D – Professional Leave
E – Without Pay
FB – Family Bereavement
NB – Non-Family Bereavement
T – Travel Policy
V – Vacation
W – Worker's Compensation

DUE IN BUSINESS OFFICE 4:00 P.M.
2ND WORKING DAY OF THE MONTH
FOLLOWING THE MONTH REPORTED

MONTH/YEAR _____

ABSENCE REPORT

EMPLOYEE'S NAME	DATE(S) ABSENT	REASON FOR ABSENCE	CODE	NAME OF SUBSTITUTE

_____
Campus/Department

_____
Signature Principal/Supervisor

_____
Superintendent