

LEAVE/ABSENCE RECORD

SUBMIT COMPLETED FORM PRIOR TO OR IMMEDIATELY AFTER DAY OF ABSENCE!

SCHOOL/DEPARTMENT _____ DATE _____

EMPLOYEE NAME _____
Last First Initial

TYPE OF ABSENCE REQUESTED/TAKEN AND CODE

- | | | |
|---|--|--|
| <input type="checkbox"/> Sick Leave (S)
<input type="checkbox"/> Vacation (V)
<input type="checkbox"/> Personal (P)
<input type="checkbox"/> Bereavement (B) | <input type="checkbox"/> Unpaid (U)
<input type="checkbox"/> Professional (Z)
<input type="checkbox"/> Jury (J)
<input type="checkbox"/> Union Leave (UL) | <input type="checkbox"/> Military (M)
<input type="checkbox"/> Comp Time (C)
<input type="checkbox"/> Non-Work (N) |
|---|--|--|

Will Substitute be required? No Yes **For what time frame? (i.e. 7:15-11:15)** _____
 (Certificated subs must be for 4 or 8 hour periods.)

If yes, has Substitute request been made to AESOP? _____ AESOP Confirmation # _____

For Professional Leave only, complete the information below:

Purpose/Program _____ Date(s) _____
 Budget number or contact person (REQUIRED if there is a sub) _____

If outside organization is paying:

Name of Organization to invoice: _____
 Organization's Address: _____
 Organization Contact Person & Phone No: _____

DATE OF ABSENCE(S)																
Month/Year: _____ m/yyyy																
	Date of the Month															
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Leave Code																
# Hrs. Away																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Leave Code																
# Hrs. Away																

Total Leave Hours 0.00

I certify that all of the information provided on this form is true and correct. I understand that any leave or absence taken in excess of time available to me by contract or district policy will be deducted at my per diem or hourly rate.

Signature of Employee Date Signed Supervisor Approval Date Signed

Submit to Office Manager or Department Secretary

Shoreline School Dist #412