

## Golden Feather Union School District

## Employee Absence Report

Please Print

Month \_\_\_\_\_

Name \_\_\_\_\_

ID # \_\_\_\_\_

Date	Absence Code	Hours	Explanation	Substitute	<b>ABSENCE CODES</b>	
					CODE	REASON
1					A	Adoption
2					B	Bereavement
3					D	District Business
4					I	Industrial **
5					J	Jury Duty
6					N	No-Tell*/Discretionary
7					P	Personal Nec
8					S	Sick Leave
9					U	Undpaid
10					V	Vacation *
11					W	Admin Non-Work Day
12					O	Other Approved Leave
13					CTU	Comp Time Used
14					CTA	Comp Time Accrued
15					* Prior Approval Required	
16					** Requires Doctor's Note	
17						
18					PLEASE CONTACT THE PERSONNEL	
19					OFFICE TO APPLY FOR THE	
20					FOLLOWING LEAVES	
21					Adoption	
22					Education	
23					Extended Illness	
24					Family Leae Act	
25					General	
26					Infant Care/Child Rearing	
27					Legislative	
28					Maternity	
29					Military	
30					Parental	
31					Sabbatical	

Report absences in hours in fifteen minute increments. This report must be submitted to your supervisor when you pick up your check.

This report serves as the official record of employee absences. This report must be submitted monthly by all employees whether or not they were absent during the month

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

\_\_\_\_\_

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

Date \_\_\_\_\_

Date \_\_\_\_\_