Employee Absence Request/Reporting Form

Geyserville Unified School District

Name: _____

Check One: □ **Certificated**   □ **Classified**

If you cannot work your full day, you must submit a request form. Use the Available Absence Types below.

Indicate reason for absences as applicable. (see below)   **Check your PORTAL for available leave times.**

	Date Of Absence	Day Of The Week	(CLASSIFIED) Number of Hours	(CERTIFICATED) Full Day or Half Day	Absence Type (see below)	Absence Reason (if required*)
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

Only enter one date or block of time per line. Use additional forms as needed.

Employee Signature: _____   **Date:** _____

Available Absence Types:	Additional Requirements:	
SICK: Illness / Medical / Dental (self	None	*Leaves for care/appointments for others must be PL/PN.*
PN: Personal Necessity	**MUST** have prior approval. **MUST** list specific absence reason.	*Certificated - limit 6 days per year (see contract) Classified - limit 7 days per year (see contract)*
PL: Personal Leave	**MUST** have prior approval.	*All Staff - limit 2 days per year; no reason required.*
Bereavement: Check your cont	**MUST** state your relationship to deceased.	*Allowances: Cert. - 3 days in-state or 5 days out-of-state Class. - 3 days or 5 days if 200 or more miles total*
V: Vacation	**MUST** have prior approval.	
Comp: Classified Only	**MUST** have prior approval.	
Certificated Release Time	MUST have prior approval.	*USE CERTIFICATED RELEASE TIME LOG. Do n't use this form.*
DB: District Business	Workshops, Meetings, Trainings, Evaluations, etc.; time not deducted.	
Absent without pay:	**MUST** submit detailed request with in writing to the Board for prior approval.	
Work-Related Illness or Injury	**IMMEDIATELY** report injury to supervisor.	**CALL RESIG NURSE @ 836-7457!!** Doctor's authorization required for treatment.

Principal/Supervisor: _____   **Date:** _____   □ Approved   □ Denied

Additional Comment: _____

Superintendent: _____   **Date:** _____   □ Approved   □ Denied

Additional Comment: _____

Updated: 12/1/2020