



**WRIGHT ELEMENTARY SCHOOL DISTRICT
MONTHLY ABSENCE REPORT
DISTRICT OFFICE ONLY**

Employee requesting time off must submit absence form to supervisor's approval.

If absence is unexpected, employee must submit absence form on the day of your return. (Wright School District Board Policy # 4161 / 4261 / 4361)

EMPLOYEE'S NAME: _____ MONTH: _____

It was necessary to be absent from my position for the following dates and reasons:

Certificated Employee:

Date	Full Day	Half Day	Type of Absence
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Classified Employee:

Date	Full Day	# of Hours	Time out of the Office	Type of Absence
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____
_____	<input type="checkbox"/>	_____	_____	_____

Types of Absence

S SickLeave: Illness, Medical, Dental, Emergency
For Employee, Spouse, Domestic Partner or Child Only

PN Personal Necessity (Limit 7 days per year per contract)
Describe: _____

PN Personal Necessity (No Tell up to 5 days per CSEA Contract)

Bonus Bonus Day

V Vacation (12 month Classified only)

JD Jury Duty (Must attach slip from court)

W/C Industrial Accident/Illness (Worker's Comp)

O Other ie. (Describe below) _____

B Bereavement _____

****Must state relationship to deceased****

****# of miles for one way travel**** _____

Comments: _____

EMPLOYEE SIGNATURE

DATE

SUPERVISOR SIGNATURE

DATE

SCHOOL OFFICE USE

Please Note: PN and PN (No tell) are deducted from Sick Leave

PN- Personal Necessity (Limit 7 days per year per contract)

PN-Personal Necessity (CSEA definition - No Tell up to 5 days)

B-Bereavement (3 Working days or 5 Working days if one way travel is more than 200 miles)

W/C-Date Injury Occurred: _____

District Office Use: _____

Date Entered into Escape: _____