CALAVERAS UNIFIED SCHOOL DISTRICT
STATEMENT OF ABSENCE/REQUEST FOR LEAVE

After signing, make three (3) copies:
Employee/Site/Payroll

_____ _____ _____
Name of Employee   Employee ID Number   Location

Instructions: Please fill in the form using the drop-down lists when possible. The date is a drop-down but can be manually edited in the following format 1/1-1/6/07.

Total Hours Absent [_____]

PERIOD OF ABSENCE: (Please report all absences in hours)

1 Date _____ Hours _____ Type of Absence _____ Relationship of Deceased: _____ Sub Funding _____ Specify Bill Back _____ Substitute: Name _____

Description (1): _____

2 Date _____ Hours _____ Type of Absence _____ Relationship of Deceased: _____ Sub Funding _____ Specify Bill Back _____ Substitute: Name _____

Description (2): _____

3 Date _____ Hours _____ Type of Absence _____ Relationship of Deceased: _____ Sub Funding _____ Specify Bill Back _____ Substitute: Name _____

Description (3): _____

4 Date _____ Hours _____ Type of Absence _____ Relationship of Deceased: _____ Sub Funding _____ Specify Bill Back _____ Substitute: Name _____

Description (4): _____

APPROVED:

_____   _____   _____   _____
Supervisor's Signature   Date   Employee's Signature   Date

Accounting Department Use Only   Salary Adjustment for Absence(s):   **Assignments:** _____ _____

Payroll Run: _____   **Dock:** _____ _____

Reason for Deduction: _____

Total Dock: [_____]

Full Pay Deduction:
Day(s) _____ or Hour(s) _____ X _____ Rate = _____
Day(s) _____ or Hour(s) _____ X _____ Rate = _____

Differential Leave:

Certificated:
Day(s) _____ X _____ Sub Rate = _____
Day(s) _____ X _____ Sub Rate = _____

Classified:
Hour(s) _____ X _____ Hourly Rate = _____ X 50% = _____
Hour(s) _____ X _____ Hourly Rate = _____ X 50% = _____