

**GLENDORA UNIFIED SCHOOL DISTRICT**  
**EMPLOYEE REPORT OF ABSENCE**  
 (Attach to Monthly Attendance Report)

NAME \_\_\_\_\_ Position \_\_\_\_\_

School/Department \_\_\_\_\_

Absent From \_\_\_\_\_ To \_\_\_\_\_ (Incl.) Total: Days \_\_\_\_\_ Hours \_\_\_\_\_

ILLNESS or INJURY. \_\_\_\_\_

DEATH IN FAMILY. Relationship of person \_\_\_\_\_

INJURY ON THE JOB (Workers' Compensation)

Date of first lost time \_\_\_\_\_ Date Returned to Work \_\_\_\_\_

VACATION

OTHER. Specify \_\_\_\_\_

Name of substitute \_\_\_\_\_

Indicate Type of Deduction:

Sick Leave                       Vacation  
 \_\_\_\_\_ (Signature of Employee)

Bereavement                       Compensatory  
 \_\_\_\_\_ Date of Signature \_\_\_\_\_

Workers' Comp.                       Deduct (Unpaid)  
 \_\_\_\_\_ (Signature of Supervisor)

\_\_\_\_\_ Date of Signature \_\_\_\_\_

**GLENDORA UNIFIED SCHOOL DISTRICT**  
**EMPLOYEE REPORT OF ABSENCE**  
 (Attach to Monthly Attendance Report)

NAME \_\_\_\_\_ Position \_\_\_\_\_

School/Department \_\_\_\_\_

Absent From \_\_\_\_\_ To \_\_\_\_\_ (Incl.) Total: Days \_\_\_\_\_ Hours \_\_\_\_\_

ILLNESS or INJURY. \_\_\_\_\_

DEATH IN FAMILY. Relationship of person \_\_\_\_\_

INJURY ON THE JOB (Workers' Compensation)

Date of first lost time \_\_\_\_\_ Date Returned to Work \_\_\_\_\_

VACATION

OTHER. Specify \_\_\_\_\_

Name of substitute \_\_\_\_\_

Indicate Type of Deduction:

Sick Leave                       Vacation  
 \_\_\_\_\_ (Signature of Employee)

Bereavement                       Compensatory  
 \_\_\_\_\_ Date of Signature \_\_\_\_\_

Workers' Comp.                       Deduct (Unpaid)  
 \_\_\_\_\_ (Signature of Supervisor)

\_\_\_\_\_ Date of Signature \_\_\_\_\_