Bonsall Unified School District
ABSENCE FORM
CERTIFICATED MANAGEMENT STAFF ONLY

Employee Name _____ **ID No.:**_____

Dates of Absence: Hour(s): Times away from the Office

___/___/___ # of hours _____ _____

___/___/___ # of hours _____ _____

___/___/___ # of hours _____ _____

___/___/___ # of hours _____ _____

___/___/___ # of hours _____ _____

CHECK ONE OF THE FOLLOWING:

Sick Day(s) are deducted

_ _ Illness (Doctor/Dental Appt.- after 5 days, medical verification is necessary)

_____ Personal Necessity _____

Sick Day(s) are deducted until verified:

_____ Jury Duty (endorse or pay fees received to the district)

_____ Industrial Accident or Illness (forms are available in the district office)

Sick Day(s) not deducted:

_____ Bereavement because of the death of my _____
(within 150 miles - 3 days; out of state or more than 150 miles– 5 days)

_____ District Business _____ Site Business

_____
Name of conference or workshop / Location

Superintendent Only

_____ Vacation

_____ _____
Employee's Signature Date

_____ _____
Administrator Signature (For AP, School Psychologist, Program Specialist) Date

_____ _____
Superintendent's Signature (For Principals & Directors) Date

_____ _____
Director of Human Resources Date

Revised 4/1/19