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

☐ Bereavement ☐ Compensatory

☐ Workers' Comp. ☐ Deduct (Unpaid)

_____

(Signature of Employee)

Date of Signature _____

_____

(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

☐ Bereavement ☐ Compensatory

☐ Workers' Comp. ☐ Deduct (Unpaid)

_____

(Signature of Employee)

Date of Signature _____

_____

(Signature of Supervisor)

Date of Signature _____