

# Report of Employee Absence

This form must be filled out completely and given to your supervisor/principal whenever you are unable, **for any reason**, to fulfill your daily schedule in your regularly assigned building(s). Your principal/supervisor will forward this form to the Business Office. **If you have more than one job, report total absences on ONE form only.**

Name  
(Please print)

Location: \_\_\_\_\_

Position: \_\_\_\_\_

**Leave Codes:**

- SL Sick Leave (illness, injury, doctor/dentist appt., etc.)
- EL Emergency Leave (CVEA only) – Reason: \_\_\_\_\_
- BL Bereavement Leave – Relationship: \_\_\_\_\_
- PL Personal Leave
- VL Vacation Leave
- AA Approved Absence – Reason: \_\_\_\_\_
- SUB Subbing – (in lieu of your regular assignment)
  - Subbed for who: \_\_\_\_\_
  - District to be reimbursed by: \_\_\_\_\_
- JD Jury Duty • Attach copy of summons
- ML Military Leave • Attach copy of orders (RCW 38.40.060 10/1-9/30)
- UL Unpaid Leave – (leave without pay) • Attach copy of HR Approval
- WC Worker’s Comp – Check one box below:
  - Not using leave
  - Using the following leave: \_\_\_\_\_

Please list each day separately

Code:	Date Absent:	Hours Absent:

Employee #

Total Hours Absent: \_\_\_\_\_

**Signatures:** The above statements are true and correct.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal/Supervisor Signature

\_\_\_\_\_  
Date

**FOR PAYROLL USE ONLY:**

Balance	Type of Leave	CDH	Hours
	Sick Leave	3525	
	Emergency Leave	3564	
	Bereavement	3560	
	Personal Leave	3540	
	Vacation	3510	

Balance	Type of Leave	CDH	Hours
	Approved Absence	3580	
	Jury Duty	3554	
	Leave without Pay	3581	
	Flex Leave	3568	