

**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 \_\_\_\_\_