



SAN LEANDRO UNIFIED SCHOOL DISTRICT

Employee Absence Report

Month/Year: _____

Site: _____

Employee: _____

Employee ID/PSL/Access No: _____

Certificated

Classified

Date		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Hrs/Days																	
Code																	

Date		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Hrs/Days																	
Code																	

Absence Code:

- | | |
|--|------------------------------------|
| S - Sick Leave | PN - Personal Necessity |
| B - Bereavement* | NR - P/N No Reason |
| H - Holiday | SB - School Business |
| V - Vacation | WC - Workers' Compensation |
| NW - Non-Work Day
(MGMT. only) | JD - Jury Duty (attach doc) |
| | C - Compensatory Time Off* |

*Must submit Request for Leave form

Office Use Only

Code	Used for Month
Vacation	
Personal Necessity	
Sick Leave	
Comp	

I hereby certify that I have worked for the San Leandro Unified School District on all regularly assigned days, except as noted above.

Employee Signature Date:

Administrator/Supervisor