BIGGS UNIFIED SCHOOL DISTRICT ABSENCE REPORT

Due the LAST WORKING DAY of the Month to your Supervisor

This report must be submitted monthly by all employees whether or not they were absent durning the month

*Name:*_____ *Month*_____ *ID#:*_____

Date	Absence Code	Hours	Explanation / Substitute
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
			Total Hours

Absence Codes

all codes with * need to have prior approval

Code	Reason
A	Adoption
B	Bereavement (Family members only)
D	District Business*
I	Industrial**/W.C.
J	Jury Duty (Attach notice/subpoena)
N	No-tell*/Discretionary
PN	Personal Nec. (List Explanation)
S	Sick Leave (*Dr. note after 3 days*)
U	Unpaid
V	Vacation*
W	Admin non-work day
O	Other approved* (pre-approval only)
CT	Comp. Time*

Contact Payroll for the Following:

- Adoption
- Education
- Extended Illness
- Family Leave Act
- General
- Infant Care/Child Rearing
- Legislative
- Maternity
- Military
- Parental
- Sabbatical
- Medical Leaves
- Industrial / Work Comp

Report time in hours and fifteen (15) minute increments.

I certify that the above statements are true and correct. I understand that should my accumulative leaves be exhausted due to over use, my end of month payroll will be deducted by the over used amounts.

I acknowledge that any time listed in Frontline but not on the absence report will be added and deducted accordingly

Employee Signature *Date*

Supervisor Signature *Date*

For Payroll Use

Sick	Vacation	Sick Diff	Unpaid	Comp Time	Industrial