

Indian Diggings School
**Certificated Employees
Absence Report**

Name _____ Name of Sub _____
Absence Dates _____
Number of Days/Hours _____

SICK LEAVE (Charged Against Sick Leave)

Sickness or Medical Appointment

Personal Necessity
(Not more than twelve (12) days per school year.)

Non Work Day
(Used for days not included on yearly work calendar and must have Superintendent approval)

Bereavement: Relationship to Deceased: _____
For members of immediate family. Not to exceed three (3) days, or five (5) days if exceeds 300 miles one-way travel required.

Jury Duty Attach proof of service.

Industrial Leave Accident report filed on date: _____

Meeting Conference
Organization: _____
Location: _____ Submit Conference Request Form

Leave Without Pay Must be preapproved by Superintendent.

I affirm with my signature that the above information is true and correct.

Employee Signature _____ Date of Request _____

Principal/Superintendent Signature _____