

PACIFIC GROVE UNIFIED SCHOOL DISTRICT

CLASSIFIED ABSENCE REPORT

Employee: \_\_\_\_\_ Date(s) Absent: \_\_\_\_\_

School or Work Center: \_\_\_\_\_

CHECK REASON FOR ABSENCE AND EXPLAIN IN SPACE PROVIDED:

- |  |                                |
|--|--------------------------------|
| _____ Sick Leave                               | _____ Personal Necessity Leave |
| _____ Industrial Accident or Illness Leave     | _____ Childbirth Leave         |
| _____ Bereavement Leave                        | _____ Child Rearing Leave      |
| _____ Jury Duty or Witness Leave               | _____ Vacation Leave           |
| _____ Absence for Promotional Examination      | _____ Military Leave           |
| _____ Leave of Absence without Pay             | _____ Voting Leave             |
| _____ Leave of Absence for Study or Retraining | _____ Other _____              |

	I certify that during my absence I was ill or injured and unable to work.
	Attached is a doctor's verification of illness.
	I certify that I have not consulted a physician but was treated by someone in a religious sect.

Approved  Disapproved

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Supervisor's Signature Date