

# 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 during the month*

Name: \_\_\_\_\_ Month \_\_\_\_\_ ID#: \_\_\_\_\_

Date	Absence Code	Hours	Explanation / Substitute	Absence Codes	
				all codes with * need to have prior approval	
1				Code	Reason
2				A	Adoption
3				B	Bereavement (Family members only)
4				D	District Business*
5				I	Industrial**/W.C.
6				J	Jury Duty (Attach notice/subpoena)
7				N	No-tell*/Discretionary
8				PN	Personal Nec. (List Explanation)
9				S	Sick Leave (*Dr. note after 3 days*)
10				U	Unpaid
11				V	Vacation*
12				W	Admin non-work day
13				O	Other approved* (pre-approval only)
14				CT	Comp. Time*
15				<b>Contact Payroll for the Following:</b>	
16				Adoption	
17				Education	
18				Extended Illness	
19				Family Leave Act	
20				General	
21				Infant Care/Child Rearing	
22				Legislative	
23				Maternity	
24				Military	
25				Parental	
26				Sabbatical	
27				Medical Leaves	
28				Industrial / Work Comp	
29				<i>Report time in hours and <u>fifteen</u> (15) minute increments.</i>	
30					
31					

	Total Hours
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*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