

# BIGGS UNIFIED SCHOOL DISTRICT ABSENCE REPORT

Due the LAST WORKING DAY of the Month to your Supervisor  
 All Employee's are required to submit an Absence Report, even if no time was used

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

Date	Absence Code	Hours	Explanation / Substitute	Absence Codes	
				Code	Reason
1					
2				A	Adoption
3				B	Bereavement
4				D	District Business
5				I	Industrial**/W.C.
6				J	Jury Duty
7				N	No-tell*/Discretionary
8				PN	Personal Nec. (Explanation)
9				S	Sick Leave (Dr. note after 3 days)
10				U	Unpaid
11				V	Vacation*
12				W	Admin non-work day
12				O	Other approved leave*
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					
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.*

\_\_\_\_\_  
**Employee Signature** **Date** **Supervisor Signature** **Date**

*For Payroll Use*

Sick	Vacation	Sick Diff	Unpaid	Comp Time	Industrial