

# CALAVERAS UNIFIED SCHOOL DISTRICT

## STATEMENT OF ABSENCE/REQUEST FOR LEAVE

***After signing, make three (3) copies: Employee/Site/Payroll***

\_\_\_\_\_  
Name of Employee

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Location

Total Hours Absent

**PERIOD OF ABSENCE:** (Please report all absences in hours)

1	Date	Hours	Type of Absence	Relationship of Deceased:	Sub Funding	Specify Bill Back	Substitute: Name
_____	_____	_____	_____	_____	_____	_____	_____

Description (1): \_\_\_\_\_

2	Date	Hours	Type of Absence	Relationship of Deceased:	Sub Funding	Specify Bill Back	Substitute: Name
_____	_____	_____	_____	_____	_____	_____	_____

Description (2): \_\_\_\_\_

3	Date	Hours	Type of Absence	Relationship of Deceased:	Sub Funding	Specify Bill Back	Substitute: Name
_____	_____	_____	_____	_____	_____	_____	_____

Description (3): \_\_\_\_\_

4	Date	Hours	Type of Absence	Relationship of Deceased:	Sub Funding	Specify Bill Back	Substitute: Name
_____	_____	_____	_____	_____	_____	_____	_____

Description (4): \_\_\_\_\_

APPROVED: \_\_\_\_\_

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Accounting Department Use Only**

Salary Adjustment for Absence(s): \_\_\_\_\_

**Assignments:** \_\_\_\_\_

**Payroll Run:** \_\_\_\_\_

**Dock:** \_\_\_\_\_

**Reason for Deduction:** \_\_\_\_\_

**Total Dock:**

**Full Pay Deduction:**

Day(s) _____	or Hour(s) _____	<b>X</b> _____	Rate = _____
Day(s) _____	or Hour(s) _____	<b>X</b> _____	Rate = _____

**Differential Leave:**

<b>Certificated:</b>	Day(s) _____	<b>X</b> _____	Sub Rate = _____
	Day(s) _____	<b>X</b> _____	Sub Rate = _____
<b>Classified:</b>	Hour(s) _____	<b>X</b> _____	Hourly Rate = _____ X 50% = _____
	Hour(s) _____	<b>X</b> _____	Hourly Rate = _____ X 50% = _____