

### STATEMENT OF ABSENCE

**POWAY UNIFIED SCHOOL**

**DISTRICT** \_\_\_\_\_

**CLASSIFIED** \_\_\_\_\_

**CERTIFICATED** \_\_\_\_\_

**SCHOOL/DEPT** \_\_\_\_\_

**CHECK IF IRREGULAR WORK SCHEDULE** \_\_\_\_\_

PRINT LAST NAME, FIRST	EMPL ID# (REQUIRED)	*CONTRACTED HPD	DATE OF ABSENCE(S)	TOTAL DAYS	TOTAL HOURS

Check

Check

	<b>ADMINISTRATIVE RELEASE TIME/IN-SERVICE-CONFERENCE</b>		<b>SICK PERSONAL ILLNESS</b>	If absent more than 5 days, please submit a health care provider's statement to HR stating the dates of absences.
	<b>JURY DUTY</b>	(Attendance Cert required)	<b>EXTENDED SICK – CLASSIFIED</b>	CLASSIFIED: I understand I have exhausted my available sick leave balance and authorize the payroll department to deduct 50% of pay from my upcoming paycheck while I am on extended sick leave.
	<b>MILITARY LEAVE</b>	(Copy of orders required)	<b>EXTENDED SICK – CERTIFICATED</b>	CERTIFICATED: I understand I have exhausted my available sick leave balance and authorize the payroll department to deduct from my pay the cost of a Substitute while I am on extended sick leave.
	<b>WITNESS SERVICE</b>	(Subpoena required)	<b>VACATION</b>	
	<b>WORKERS COMP</b>	Date of Injury:	<b>VACATION W/O PAY</b>	I understand I have exhausted my available vacation balance and authorize leave without pay from my upcoming paycheck.
	<b>BEREAVEMENT</b>	Relationship:	<b>COMPELLING REASONS</b>	
		In State miles traveled:	<b>ABSENCE W/O PAY</b>	I authorize leave without pay from my upcoming paycheck.
		Out of State:	<b>PERSONAL NECESSITY (PN)</b>	Qualifying reason/Relationship:
<i>*PLEASE INDICATE ASSIGNED CONTRACTED HOURS PER DAY                  ALL LEAVE TYPES: REFER TO CONTRACT FOR DETAILED INFORMATION ON USAGE                  IF EMPLOYEE IS UNAVAILABLE FOR SIGNATURE SUBMIT P9 TO PAYROLL AS SOON AS POSSIBLE</i>			<b>FAMILY PARTNERSHIP (PN)</b>	Qualifying reason/Relationship:
			<b>CHILD BONDING LEAVE</b>	

Employee Signature and Date \_\_\_\_\_

Supervisor/Administrator Signature and Date \_\_\_\_\_

Section below is for Payroll Department Use only

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\$ AMOUNT DEDUCTED

\_\_\_\_\_

MONTH PAYCHECK ADJUSTED

\_\_\_\_\_

PAYROLL TECH AND EXTENSION