

Auburn School District No. 408  
Auburn, Washington

ABSENCE FROM DUTY

Name of Employee \_\_\_\_\_ Date(s) of Absence \_\_\_\_\_

Absence From Duty forms completed in this section should be retained by the office manager for time sheet purposes. Check the appropriate boxes pertaining to your absence. Classified staff should report their absence in hour increments and certificated staff should report their absence in 1/2 day or full day increments.

	No. of Hours	Days
Illness/doctor appointment—absences that are less than 5 days		
Workshop/in-service		
Vacation		

Absence From Duty forms completed in this section should be forwarded to Human Resources for further consideration. Once processed, the form will be returned to the office manager for time sheet purposes. Check the appropriate boxes pertaining to your absence. Classified staff should report their absence in hour increments and certificated staff should report their absence in 1/2 day or full day increments.

	No. of Hours	Days	ADMINISTRATIVE USE ONLY	
			Approved	Denied
Administrative leave				
Bereavement leave Relationship of deceased: _____ Location of service: _____ Date of service: _____				
Emergency leave Describe in detail the circumstances necessitating your being absent _____ _____ _____				
Family Medical Leave (approved)				
Illness—in excess of 5 days for all staff (for classified staff, doctor note appended if absence surrounds a holiday)				
Job-related injury Date of injury _____				
Jury Duty				
Leave without pay (deduction)				
Personal business leave (For PSEA employees who receive paid personal business leave, time may not be used in conjunction with a holiday or vacation period.)				
Administrative Approval				

\_\_\_\_\_  
Signature of Employee                      Date                      Signature of Supervisor                      Date