



Employee Absence Request/Reporting Form

Name: _____

Geyserville Unified School District

Check One ☐ Certificated

☐ Classified

If you cannot work your full day, you must submit a request form. Use the Available Absence Types below.

Indicate reason for absences as applicable. (see below)

Check your PORTAL for available leave times.

	Date Of Absence	Day Of The Week	(CLASSIFIED) Number of Hours	(CERTIFICATED) Full Day or Half Day	Absence Type (see below)	Absence Reason (if required*)
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						

Only enter one date or block of time per line. Use additional forms as needed.

Employee Signature: _____

Date: _____

*Available Absence Types:	Additional Requirements:
SICK: Illness / Medical / Dental (self None)	Leaves for care/appointments for others must be PL/PN.
PN: Personal Necessity	MUST have prior approval. Certificated - limit 6 days per year (see contract) Classified - limit 7 days per year (see contract)
PL: Personal Leave	MUST have prior approval. All Staff - limit 2 days per year; no reason required.
Bereavement: Check your contract	MUST state your relationship to deceased. Allowances: Cert. - 3 days in-state or 5 days out-of-state Class. - 3 days or 5 days if 200 or more miles total
V: Vacation	MUST have prior approval.
Comp: Classified Only	MUST have prior approval.
Certificated Release Time	MUST have prior approval. USE CERTIFICATED RELEASE TIME LOG. Do n't use this form.
DB: District Business	Workshops, Meetings, Trainings, Evaluations, etc.; time not deducted.
Absent without pay:	MUST submit detailed request with in writing to the Board for prior approval.
Work-Related Illness or Injury	IMMEDIATELY report injury to supervisor. CALL RESIG NURSE @ 836-7457!! Doctor's authorization required for treatment.

Principal/Supervisor: _____

Date: _____

☐ Approved ☐ Denied

Additional Comment:

Superintendent: _____

Date: _____

☐ Approved ☐ Denied

Additional Comment: