

CALAVERAS COUNTY OFFICE OF EDUCATION

185 South Main Street • P.O. Box 760
 Angels Camp, CA 95221
 209-736-4662

REPORT OF ABSENCE

Instructions: This form is to be completed by each employee when absent for any reason and must be given to his/her supervisor for transmittal to the Payroll Department.

Employee Name (Please Print) _____

Job Title _____ Location _____

Work Day(s) Absent – Dates _____ Total Hours _____

Employee Signature _____ Date _____

CHECK APPROPRIATE REASON FOR ABSENCE

Sick Leave – Illness, Medical/Dental Appointment (Self)		PERSONAL NECESSITY	
Vacation		Death or serious illness of a member of his or her immediate family. The phrase of “Immediate family” is defined by Education Code section 44985.	
Float Holiday		Accident, Involving the employee’s person or property, or the person or property of a member of his or her immediate family.	
Jury Duty		Medical/dental appointment for immediate family member which cannot be made after duty hours.	
Job-related Business Indicate Type _____		Court appearance under subpoena for personal non-work related reasons.	
		Hazardous weather conditions	
Bereavement – Immediate Family Member (Refer to the Appropriate Collective Bargaining Contract or Personnel Guidelines)		The day of the birth, adoption or homecoming of the employee’s child.	
Accident – On Duty Date of Injury _____		An emergency in the employee’s personal life which could not have been reasonably foreseen.	
Personal Leave (Unpaid)		Personal necessity due to other reasons with prior approval by the County Superintendent of Schools or designee. _____	

Supervisor’s Signature _____ Date _____

Substitute Provided: Yes _____ No _____ Sub. Name _____

PAYROLL USE ONLY

Job ID _____ Absence ID _____ Total Hours _____

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