

**VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
EMPLOYEE REQUEST / REPORT OF ABSENCE**

NAME: _____ SCHOOL/DEPT: _____ DATE: _____

SSN: _____ DATE OF ABSENCE: FROM: _____ TO: _____

MY EMPLOYEE STATUS:

- Teacher Instructional Aid Classified Confidential Management

Was a substitute employed? Yes:___ No:___ If Yes: Name: _____

DATES ABSENT	I REQUEST THE FOLLOWING CHARGES BE MADE TO MY ACCOUNT: * ABSENCE CHARGES	SPECIFY DAYS / HOURS
	1. * PERSONAL ILLNESS - Doctor's statement may be requested.	
	2. * PERSONAL NECESSITY LEAVE (Charged to sick leave, 7 days max.) <input type="checkbox"/> a. Death or serious illness of member of the employee's immediate family - member <input type="checkbox"/> b. An accident which is unforeseen involving the employee's person or property, or the person or property of and employee's family. State nature of accident. <input type="checkbox"/> c. Urgent personal affairs - emergency which requires presence during working hours. Explain. <input type="checkbox"/> d. Other - Explain. _____ _____ _____	
	3. * BEREAVEMENT LEAVE - Specify family member.	
	4. * PREGNANCY DISABILITY LEAVE - or Paternity Leave.	
	5. * INDUSTRIAL ACCIDENT LEAVE - Specify date of injury.	
	6. * JURY DUTY - Attach Verification.	
	7. * SUBPOENA BY A COURT AS A WITNESS - Attach Verification	
	8. ** PERSONAL LEAVE WITHOUT PAY	
	9. ** VACATION	
	10. ** OTHER - Specify _____ _____	

* Notification required on all absences.
 ** Prior approval of Principal or Department Director required.

Signature of Employee: _____ Date: _____

Principal / Dept. Dir.: _____ Date: _____
 Approved By