

**TAHOE TRUCKEE UNIFIED SCHOOL DISTRICT  
CLASSIFIED EMPLOYEE REPORT OF ABSENCE**

Date \_\_\_\_\_

Absentee Name \_\_\_\_\_

Employee # \_\_\_\_\_

Dates of Absence \_\_\_\_\_

Total Hours Absent: \_\_\_\_\_

**Reason for Absence**

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Illness, Dr., Dentist Appt.<br>(over 5 days – Dr’s. statement must be attached) | <input type="checkbox"/> Industrial Accident or Illness  |
| <input type="checkbox"/> Bereavement (Please indicate family member - see contract for specifics)<br>_____        | <input type="checkbox"/> Jury Duty, Leave<br>Nevada Co <input type="checkbox"/> Placer Co <input type="checkbox"/> Seated <input type="checkbox"/> |
| <input type="checkbox"/> Vacation <input type="checkbox"/> Comp Time  |  |
| <input type="checkbox"/> Other, so state _____  |  |

Name of Substitutes, if any \_\_\_\_\_

Signature of Absentee \_\_\_\_\_

Signature of Principal or Superintendent \_\_\_\_\_

Distribution:    White – D.O.;    Yellow – Supervisor;    Pink – Employee  
Revised 03/09

A-102

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