

HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
ABSENCE AFFIDAVIT

CERTIFICATED

CLASSIFIED

MANAGEMENT/SUPERVISORY/CONFIDENTIAL

EMPLOYEE'S NAME _____ SCHOOL/DEPT. _____ POSITION _____

DATE(S) OF ABSENCE: FROM _____ TO _____ TOTAL DAYS _____

REASON FOR ABSENCE: (Please check reason below)

PRIOR APPROVAL, either by telephone or in writing, must be obtained from Human Resources for the following:

- Court Appearance (attach copy of subpoena or other verification)
- Paternity Leave
- Funeral of close relative not living in immediate household or close friend.
Indicate which relation or if friend: _____
- Personal business of unforeseen emergency nature that does not involve payment for employee's services.
Give details: _____
- Adoptive Parent Leave which necessitates legal adoption procedures during the normal working day or care for the child is limited to two days
- Personal Leave of two days (three days for HLPTA) may be used by an employee to attend to matters which require the attention of the employee and which must be taken care of during the assigned hours of service provided that not more than 5% of the staff of any school or department may be granted a leave under this provision for the same day and that does not involve payment for the employee's services
- Observance of nationally recognized religious holiday other than those scheduled on school calendar.
Indicate which holiday: _____

Advance permission not required for the following:

- Death in immediate family requiring absence beyond bereavement allowance
Indicate relationship: _____
- Illness of emergency nature of immediate family. Give details: _____
- Accident involving employee's person/property or that of immediate family. Give details: _____

EMPLOYEE'S SIGNATURE

EID No. (Required)

DATE

VERIFICATION AND RECOMMENDATION BY PRINCIPAL/DEPARTMENT HEAD

PRINCIPAL/DEPARTMENT HEAD SIGNATURE

DATE

EMPLOYEE SHALL SUBMIT SIGNED AFFIDAVIT TO HUMAN RESOURCES WITHIN 5 DAYS AFTER RETURN TO DUTY.

OFFICE USE ONLY

Agreement Article/Board Policy Section _____

APPROVAL SIGNATURE

DATE

NOTE: Final approval pending a verification of unused leave by Payroll.

Complete form in duplicate and send both copies to the Office of Assistant Superintendent, Human Resources.