

**HACIENDA LA PUENTE UNIFIED SCHOOL DISTRICT
Finance Department – Payroll**

MANAGEMENT ABSENCE FORM

EMPLOYEE: _____

SITE: _____ MONTH: _____ YEAR: _____

This is your *Management Absence Form* for the month indicated.

Please report all days you were absent from work with the exception of District holidays.

If you were not absent during the month, please check the box at the bottom of the form, sign and forward to your supervisor for verification by the 5th of each month.

Your supervisor will submit your timesheet to the Payroll Supervisor in the Finance Department by the 10th of each month.

Absence Codes:

- | | |
|-------------------------------|---------------------------------------|
| I – Illness | V – Vacation (classified) |
| N – Excused Absence w/o Pay | EI – Personal Necessity (Attach Form) |
| B – Bereavement (Attach Form) | J – Jury Duty |
| E – Excused with pay | NW – Non work time (certificated) |
| | A – Workers' Comp |

Date of Absence	Absent Code	Total Hours	Date of Absence	Absent Code	Total Hours
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	
	-Choose an item.			-Choose an item.	

I was not absent during the month.

Employee’s Signature: _____ Date: _____

Supervisor’s Verification: _____ Date: _____

Finance Department: _____ Date: _____ Processed: _____