



CLASSIFIED ATTENDANCE LEAVE FORM

DATE: ____/____/____ NAME: _____

I was/will be absent as follows:
(Preapproval not required for Sick, Personal Necessity, Bereavement or Jury Duty)

START DATE	END DATE	TOTAL HOURS / SPECIFIC TIMES	REASON CODE

Comments: _____

Employee Signature: _____ Date: _____

Supervisor/Manager Signature: _____ Date: _____

(Acknowledgement/Approval)

If you requested **SICK LEAVE**, your balance is: _____ hours

If you requested **PERSONAL LEAVE**, your balance is: _____ hours

If you requested **VACATION LEAVE**, your balance is: _____ hours

If you requested **OTHER LEAVE**, your balance is: _____ hours

REASON CODES

- *B Bereavement (Article 14.6) Note relationship, city/state
- *JD Jury Duty (Article 14.7)
- *PN Personal Necessity (Article 14.4) 48 hour notification unless an emergency
- *S Sick Leave (Article 14.2)
- C Utilization of Compensation Time
- F Floating Holiday (Article 12.8)
- V Vacation (Article 13)
- O Other (explain in comment section)

***No prior approval required**

Date Received: _____

Date Entered: _____

A copy will be returned to the employee for their records.