

Perris Union High School District
EMPLOYEE ABSENCE REPORT
CLASSIFIED MANAGEMENT/ UNREPRESENTED

SITE/DEPARTMENT: _____

MONTH: _____ YEAR: 2026

POSITION: _____

EMPLOYEE NAME	ID NUMBER	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	DAYS	SIGNATURE

- A4 - Union Business

A5 - Negotiations

B - Bereavement

E - Catastrophic Leave

F - FMLA

J - Jury Duty
- K - Paid Admin Leave

M - Military Leave

Q - CFRA

W - Workers Comp

Y - Unpaid Admin Leave

S - Sick
- PL - Personal Leave

SB - School Business

O - Other

NS - No School

NW - Non Workday

V - Vacation

Administrator/Supervisor Signature

For use only by:

- Social Workers
- ERMHS Therapists
- Behavior Specialist
- Directors
- Plant Supervisors

Administrator/Supervisor Printed Name

Under Penalties of Perjury I certify that this Absence Report is an accurate reporting of my attendance.

Updated 7/28/26. This is the official District Form! Do not alter or recreate.