

**Tulare Joint Union High School District
Certificated Employee Absence Report**

Name: _____ Social Security #: XXX-XX-_____
(Print)

Date(s) Absent: _____ Full Day Partial Day _____ Periods/
Blocks

Reason for Absence:

Sick Leave
Employee

Comp Time
Attach copy of log sheet

Jury Duty
Attach summons

Accident on the Job
Workman's Compensation attach documentation

School Business/In-Service *
Describe School Business/In-Service

Bereavement Leave *
Give relationship and location below - immediate family only

Other *
Describe

Discretionary Leave

Conference Name _____

***Reason for Requesting Leave (if required):**

Personal Necessity

Teachers shall be entitled to use up to ten (10) full or partial days of accumulated sick leave each year for personal necessity. All personal necessity leave requests must be approved by the Superintendent or designee.

Personal Necessity

I certify that I am not using Personal Necessity Leave for any of the following reasons:

Check all

Any form of concerted activity by the Association or employees in general

Other employment or entrepreneurial activities

Vacationing

Unless prior approval has been obtained, no school day immediately preceding or immediately following any legal holiday or board holiday may be utilized

Any day identified on the school calendar for final examinations

This report will serve as certification that the signee was absent on the indicated date(s) for the specified reasons.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____