



Payroll Absence Verification Form

Please Complete in Ink

Employee ID#	Last Name	First Name	Middle I.	Location
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REQUIRED

Please indicate your job classification:

(i.e., Teacher, Custodian, ParaEd, Office Personnel)

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Original Submission

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Revision/Cancellation

Description	Payroll Code	Notes
Association / Union Leave	405	Requires prior approval from HR (*additional signature below)
Bereavement	403	Specify relationship: _____
Maternity / Paternity / Childcare	960	Certificated (EEA) staff only
Emergency Leave	110	Reason: _____
Jury Duty	407	Summons must be attached
Leave Without Pay	112	Requires prior approval from HR and explanation attached (*additional signature below)
L&I Leave	400	Specify date of injury: _____
Military Leave	406	Government orders must be attached
Personal Day – Certificated	431	Certificated (EEA) staff only
Personal Day – Classified	425	Specific groups only; refer to barg. agreements; requires prior approval from Supv.
Serious Family Illness	100	TRADES only; Relation of family member (spouse, child, parent) _____
Sick Leave	970	
Sick Leave (non-rep only)	128	Specific non-represented OR substitute use only (include confirmed job number below)
Vacation	201	Requires prior approval from supervisor
Witness/District Related Court Appear.	411	Subpoena or court order must be attached

Date of Absence	Payroll Code Number	Hour(s)

Recorded in Frontline?	Notes

Employee Signature

Date

Principal/Supervisor's Signature

Date

NOTE: submissions affecting dates in a prior contract year will be considered on a case-by-case basis

*Human Resources Signature

Date