

Everett Public Schools Payroll Absence Verification Form

Please	Prin	t in	Ink
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Employee ID#	Last Name	First Name	Middle I.	Location No.		
Please indicate your job classification: (i.e., Teacher, Custodian, ParaEd, Office Personnel)						
	- Special Absence Confirmation EMS, either on computer or by to on.					
L & I L Bereave Military Jury Du Court A	g my date of absence on (c) Leave – specify date of injury ement – specify relationship y Leave – Government orders must be aty – Summons or subpoena must be Appearance – Summons or subpoena - Original Submission: Check the	be attached. e attached. n must be attached.	th the additional information			
computer or l	by telephone. Complete Section	D with the appropriate Da	ate, Reason Code and H	lours.		
Section C – Revision: Check this box if leave previously recorded needs to be modified. Complete Section D with the appropriate Date, Reason Code and Hours.						
Section D - Reason Codes and Descriptions:						
	Date of Absence	Reason Code Number	Hour(s)			
Contificated and	I Classified.					
Certificated and 101 Sick Leave 110 Emergenc 112 Leave Wit 201 Vacation	e y Leave					
428 Personal I429 Personal I	se Days ness – specify relationship Leave/Birth of Child Leave/Adoption of Child Leave/Funeral (For death not covered	d by Bereavement Leave pro	ovision)			
420 Personal I	ness – specify relationship Leave (Will be deducted from Sick L Leave (EAEOP only, with 5 years of		om sick leave)			
Employee Signature	e:		Date:			
Principal/Superviso	r's Signature:		Date:			
	Upon completion, plea	ise return to the Pay	roll Department.			

Absence Verification/White Revised 1/2/04