



# Payroll Absence Verification Form

Please Print in Ink

Employee ID# <b>REQUIRED</b>	Last Name	First Name	Middle I.	Location No.
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Please indicate your job classification: \_\_\_\_\_ (i.e., Teacher, Custodian, ParaEd, Office Personnel)

☐ Original Submission      ☐ Revision      ☐ Cancel Leave (previously recorded and verified in Frontline Absence Management)

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

Date of Absence	Payroll Code Number	Hour(s)	Was this recorded in Frontline? (Y/N)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_