



Payroll Absence Verification Form

Please Print in Ink

Employee ID# REQUIRED	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 prior approval 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 prior approval 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 prior approval from supv.
Serious Family Illness	100	TRADES only; Relation of family member (spouse, child, parent) _____
Sick Leave	970	
Sick Leave (Subs/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)	Was this recorded in Frontline? (Y/N)

Employee Signature: _____ Date: _____

Principal/Supervisor's Signature: _____ Date: _____