

Adelanto Elementary School District
CERTIFICATED/CLASSIFIED SUBSTITUTE
PERSONNEL ABSENCE REPORT

PRINT OR TYPE FULL NAME	CHECK APPROPRIATE BOX: <input type="checkbox"/> Certificated <input type="checkbox"/> Classified
Last 4 of SS#:	Job #:
Date(s) of Absence:	

My Absence Was Due To:

1. _____ Hour(s) Illness Leave* **TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR THE ABOVE DAY.**
2. _____ Hour(s) Personal Necessity Leave* **TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED FOR THE ABOVE DAY.**
Please explain reason for Personal Necessity:

I understand that payments and/or deductions are processed in accordance with State Laws and District Policies.

Today's Date

Employee's Signature

I certify that I have evaluated the preceding absence information and find it to be correct.

Today's Date

Assistant Superintendent of Human Resources

PLEASE RETURN THIS ABSENCE REPORT TO HUMAN RESOURCES DEPARTMENT.
TO RECEIVE A PAID DAY PLEASE INCLUDE JOB NUMBER THAT YOU ACCEPTED
FOR THE ABOVE DAY.