ABSENCE AFFIDAVIT

EMPLOYEE NAME _____ **EMP. ID** _____

POSITION _____ **BUILDING** _____

EMP. SIGNATURE _____ **DATE** _____

Write absence (1/4, 1/2, 3/4, 1) in the appropriate box. Complete only one affidavit per two-week pay period.

ABSENCE INFORMATION Write date in this box →	MON	TUES	WED	THU	FRI	MON	TUE	WED	THU	FRI	TOTAL ABSENCES (Payroll Only)
ILLNESS Indicate Self or Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	○ Self ○ Family	
PERSONAL LEAVE Prior approval required from H.R. if before or after a holiday											
FUNERAL Indicate Immediate Family, Extended Family or Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	○ Imm. ○ Ext. ○ Friend	
JURY DUTY Verification must be attached											
VACATION (12 Mo./Adm. Employees Only)											
PROFESSIONAL CONFERENCE (Out of District)											
SCHOOL BUSINESS (In District)											
SCHOOL BUSINESS (Field Trip/Athletics)											
WITHOUT PAY (Prior Approval from H.R. required and attached)											
USING COMP TIME (Enter the number of HOURS used)											