

CLASSIFIED ABSENCE REPORT

Morgan Hill Unified School District

NAME	SITE
POSITION	PAYROLL PERIOD

*Please write **EXACT NUMBER OF HOURS** (up to two decimal points) in each column, for each day.*

Day	Vacation	Sick Leave	Industrial Accident	Personal Necessity	Bereavement	Judicial Leave	Other	Reason/Notes:
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
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21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
TOTALS								

VACATION ABSENCES - Prior approval required.

Approval date	Supervisor signature
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PERSONAL NECESSITY - Maximum of seven (7) days each year and is subject to approval, per contract.

Approval date	Supervisor signature
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JUDICIAL LEAVE - Attach copy of jury notice or subpoena.

BEREAVEMENT LEAVE - Note relationship under "Reason/Notes".

After employee and supervisor signs, submit original copy to the Payroll Office on the last day of each month.

Employee Signature	Date	Supervisor Signature	Date
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