TO THE BEST OF MY KNOWLEDGE THE ABSENCES REPORTED ON THIS FORM ARE TRUE AND ACCURATE AND ARE SUPPORTED BY FORMS SIGNED BY THE ABSENT EMPLOYEE.

ADMINISTRATOR'S SIGNATURE

⇒ Notify LSU Pers/Pay Team via email of any status change of personnel that would affect absentee reports for the current month: separation of employment and/or implied resignation, OR after three consecutive days of absence without notification. SACRAMENTO CITY UNIFIED SCHOOL DISTRICT MONTHLY ABSENCE REPORT OF REGULAR EMPLOYEES

REPORTING UNIT	LOC.	PAYROLL TYPE	MONTH	DAY	YEAR		MONTH	DAY	YEAR	
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	EMPLOYEE	L.,														_		
EMPLOYEE NAME	IDENTIFICATION NUMBER																	REMARKS
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ALPHABETICAL CODES ARE USED IN DENOTING TYPE OF ABSENCE. DE	EFINITION CODE / A IND	DUSTRIAL	ACCIDEN	IT OR ILLNESS D IMMINENT DEAT	ih J	JURY DUTY				ELLING P	ERS. IMPORTANG	CE (SICK LV		RAVEL I		EATH BERE	AVEMENT	RETURN TO BOX 770

ALPHABETICAL CODES ARE USED IN DENOTING TYPE OF ABSENCE. DEFINITION OF ABSENCE, EXPLANATION, OR THE REASON AND THE RULES GOVERNING THE ABSENCE CAN BE FOUND IN THE EMPLOYEE NEGOTIATED AGREEMENTS.

A INDUSTRIAL ACCIDENT OR ILLNESS D IMMINENT DEATH C PATERNITY (BIRTH OF CHILD)

REASONS

B BEREAVEMENT

E EMERGENCY LEAVE I EMPLOYEE ILLNESS

M DUTY WITH ARMED FORCES

P PERSONAL REASONS (FULL SALARY DOCK) S SUBPOENAS

Q QUARANTINE

V VACATION

X NOT ASSIGNED LOCATION, NOT ABSENT

RETURN TO BOX 770 ATTN: ABSENCES **HUMAN RESOURCE SRVCS**