

# HOLTVILLE UNIFIED SCHOOL DISTRICT EMPLOYEE ABSENCE DATA SHEET

**NOTE: ALL ABSENCE FORMS MUST BE FILLED OUT COMPLETELY AND SIGNED BY EMPLOYEE AND SUPERVISOR PRIOR TO SUBMISSION TO THE DISTRICT OFFICE.**

SCHOOL SITE: \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_  
*By signing, I authorize payroll to deduct time absent from accumulated leave time, or when leave balance is exhausted, to dock time absent from the next available open payroll following my absence.*

NAME OF EMPLOYEE/ POSITION: \_\_\_\_\_

\_\_\_\_\_ SICK LEAVE

\_\_\_\_\_ PERSONAL NECESSITY

Reminder: Out of your Sick Leave Balance, ONLY 7 days per school year can be used as PN

\_\_\_\_\_ VACATION (CLASSIFIED ONLY)

\_\_\_\_\_ JURY DUTY

\_\_\_\_\_ INDUSTRIAL ACCIDENT (ON THE JOB INJURY)

\_\_\_\_\_ NON-CONTRACT DAY  
(MGMT ONLY)

\_\_\_\_\_ BEREAVEMENT LEAVE (STATE RELATIONSHIP TO YOU) \_\_\_\_\_

\_\_\_\_\_ SCHOOL BUSINESS: PROVIDE **SPECIFIC** DESCRIPTION OF ACTIVITY BELOW  
(FOR EXAMPLE: NAME OF CONFERENCE, ACTIVITY, LOCATION, ETC.)

ACTIVITY: \_\_\_\_\_

IF SUBSTITUTE IS REQUESTED, PLEASE PROVIDE ACCOUNT LINE INFORMATION BELOW:

FUND	RESOURCE	PY	GOAL	FUNCTION	OBJECT	SITE	DEPARTMENT	%

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**SUBSTITUTE CERTIFICATION**

NAME OF SUBSTITUTE: \_\_\_\_\_

SUBSTITUTE SITE(S) AND DATE(S): \_\_\_\_\_

\_\_\_\_\_  
 SUBSTITUTE SIGNATURE\*

\_\_\_\_\_  
 SUPERVISOR SIGNATURE

*\*By signing, I certify that the above information I have provided is true and correct, and that the school district may be paying me from Federal and/or State Categorical funds (i.e. Title I funds, Special Education dollars, etc.).*