

ABSENCE REQUEST/REPORT FORM

T.E.A.C.H., INC.
112 EAST 2ND STREET
ALTLURAS, CA 96101
(530) 233-3111

Name: _____ Social Security #: _____

Date(s) of Absence: _____ Time _____ Total Hours _____

Date Submitted: _____

PLEASE CHECK ONE:

VACATION: _____
SICKNESS-SELF: _____
JURY DUTY: _____
CONFER: _____
OTHER: _____

DEATH IN FAMILY: _____
SICKNESS-FAMILY: _____
LEAVE WITHOUT PAY: _____
ACCIDENT ON DUTY: _____

Employee Signature: _____

Supervisor Signature: _____

Executive Director Signature: _____

NOTICE TO EMPLOYEE:

This form is to be signed by the regular employee. Failure to submit this form will result in absences being charged to vacation leave.

***** OFFICE USE *****

Account Codes: _____ Hours/Days: _____ Rate: _____ Amount Due: _____
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