



Employee Absence Request/Reporting Form

Windsor Unified School District

Name: _____

Certificated Classified

SSN (last four)/ID #: _____ Site: _____

Complete and indicate reason for absences as applicable.

Date(s) of Absence _____ No. of Hours _____ Absence Code _____

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Aesop Confirmation Code: _____

Absence Codes:

V - Vacation

U - Unpaid Leave

PN - Personal Necessity *

R - Release

PT - Paternity Leave

UB - Union Business

N - Negotiations

IA - Industrial Accident

CPB - Compelling Personal Business **

AD - Adoption Leave

JD - Jury Duty (attach documentation)

Bereavement of immediate family member:

Relationship _____

Location _____

Employee Signature

Date

Approved Not Approved _____

Principal/Supervisor

Date

Approved Not Approved _____

Superintendent/Designee

Date

* Classified

** Certificated