

SAUSALITO MARIN CITY SCHOOL DISTRICT

REQUEST REPORT OF ABSENCE

NAME: _____

ABSENT FROM DUTY AT _____ (DEPT. OR SCHOOL)

DATES ABSENT: FROM _____ TO: _____ # OF DAYS ABSENT _____

IF LESS THAN 1 DAY, # OF HOURS _____ FROM _____ TO _____

CHARGE THIS ABSENCE AS:

____ SICK LEAVE ____ PERSONAL ____ MY OWN EXPENSE ____ VACATION
____ DISTRICT EXPENSE ____ JURY DUTY ____ BEREAVEMENT

STATE NATURE OF ABSENCE:

I HEREBY AFFIRM THE ABOVE REASON TO BE A TRUE AND CORRECT STATEMENT OF MY ABSENCE.

DATE: _____ SIGNATURE: _____

I REQUEST A SUBSTITUTE FOR THE ABOVE DATE(S). IF POSSIBLE, I WOULD
PREFER _____ TO BE MY SUBSTITUTE.

ABSENCE APPROVED: _____ DISAPPROVED: _____

SITE ADMINISTRATOR _____ DATE: _____

BUSINESS MANAGER _____ DATE: _____

SUPERINTENDENT _____ DATE: _____