Certificated Absence Report

Employee Name _____ Employee #: _____ School: _____ Grade: _____

Date(s) Absent _____ Full Day_____ Half Day _____ (AM / PM)
Circle Appropriate

I was absent due to the following: (You must select one and complete the following information below)

_____ Personal Necessity (9b & 9d) (You must select one of the two cahoices below)

_____ For reasons listed in the RTA contract, Article IX, section 9b. 10 Days of sick leave may be used for this leave. Approval must be obtained at least 2 weeks in advance except in those areas addressed in Section "C".

_____ For day specified in the RTA contract, Article IX, Section 9d. DISCRETIONARY DAYS are limited to 5 only. (These limitations shall apply to leave taken under subsection "C" & "D". 48 hour notice is required except in cases of emergency.)

_____ Sick Leave (RTA contract, Article IX, Illness in excess of 3 days will require physician's written verification.)

_____ School Business

_____ Workers Compensation Leave/Industrial Accident (RTA Contract Article XII) **Date of Injury:_____**

_____ Jury Duty (Attach documentation to absence report. Forward jury fee to payroll upon receipt but deduct mileage)

_____ Personal Leave – UNPAID (RTA contract, Article XVI covers unpaid leave up to 30 days with prior approval)

_____ Bereavement (RTA contract, Article XII) – **Immediate family member**: _____
(Example: Mother, Father, etc.)

_____ Union Release

I certify the above information is true and can be verified. I verify under penalty of perjury that the personal necessity leave I have requested/used is not being used merely for an extension of a holiday or vacation, or purely for personal convenience as stipulated under Article IX section 9a.

_____	_____
Teacher Signature	**Date**
_____	_____
Site Administrator	**Date**
_____	_____
Superintendent or Designee	**Date**

Updated 03/2017