



2500 Vineyard Avenue, Oxnard, CA 93036 ~ Telephone: (805) 485-3111 ~ Fax Number (805) 604-7825 ~ www.rioschools.org

CLASSIFIED ABSENCE REPORT

NAME OF EMPLOYEE (PLEASE PRINT) _____

This information is to be completed when the employee returns and sent to the Human Resources Department for Vacation, Union Release Time and School Business. Please submit to the Payroll Department for the other reasons listed below. IF NOT SENT, pay deduction will be made regardless of reason for absence.

I was/will be absent from my assignment on _____ due to one of the following reasons:
Date (s)

MY PERSONAL ILLNESS, (illness, medical/dental appointment, exposure to contagious disease, injury)
Circle One

PERSONAL NECESSITY LEAVE - (reference CSEA contract Article 9, Leave section) _____
Describe

FAMILY SICK LEAVE - (reference CSEA contract Article 9, Leave section) _____
Describe

JURY DUTY _____ COURT SUMMONS _____
(attach notice of completion) (attach summons)

BEREAVEMENT - (Immediate family, five (5) working days) Immediate Family Member:
(Example: Mother, Father, etc. - See CSEA Contract Definition of Terms)

BEREAVEMENT (PNL) - (CSEA contract Article 9, 9.7.1); close friend
and/or extended family, five (5) PNL days off, if available; CSEA contract Article 9, 9.4.3.1)



JOB # _____ Substitute Needed? YES NO

PRIOR APPROVAL NEEDED FOR:

PERSONAL LEAVE (Leave without pay for absence) - Date (s) _____

SCHOOL DISTRICT BUSINESS - Date (s) _____

VACATION LEAVE - Date (s) _____ Substitute Needed? YES NO

OTHER (specific) - Date (s) _____

THE ABOVE INFORMATION IS TRUE AND CAN BE VERIFIED.

Employee Signature _____

Date _____

Leave: Granted: _____ Denied _____

Principal or Supervisor _____

Date _____