

# LAKESIDE UNION SCHOOL DISTRICT

## Absence Report

Name \_\_\_\_\_ School/Dept \_\_\_\_\_  
Last Name First Name

**CERTIFICATED EMPLOYEES:**

From(Date) \_\_\_\_\_ Thru(Date) \_\_\_\_\_ No. of Days \_\_\_\_\_

Current Assignment: \_\_\_\_\_

**CLASSIFIED EMPLOYEES:**

From(Hour/Date) \_\_\_\_\_ Thru(Hour/Date) \_\_\_\_\_ No. of Hours \_\_\_\_\_

Current Assignment: \_\_\_\_\_

Job Number \_\_\_\_\_ (assigned by the SEMS automotive calling system)

**Reason for Absence (Check One)**

- ( ) Sick Leave
- ( ) Personal Necessity (explanation)
- ( ) Release/Conference
- ( ) Bereavement
- ( ) Emergency Leave
- ( ) Jury/Court Duty
- ( ) Work Incurred Injury
- ( ) Vacation
- ( ) Preapproved Personal Necessity  
(without pay)
- ( ) Personal Day (Teacher's Only)

**Brief Explanation:**

**PLEASE NOTE:**

1. All absences must be reported to the SEMS system and assigned a job number.
2. A physician's certification of illness may be required if absence is for more than three days.
3. Certificated employees must attach addendum if absence is due to Personal Necessity or Emergency.
4. Personal Necessity Leave and Release Time requires pre-approval.

Employee's Signature	Date
Principal/Dept. Head	Date

*Forward original copy **only** to the Personnel Office immediately upon return to work.*

COPIES TO:    PERSONNEL OFFICE    EMPLOYEE

**For District Office Use:**

\_\_\_ Approved with full pay

\_\_\_ Approved less substitute pay

\_\_\_ Approved with half pay

\_\_\_ Approved without pay

\_\_\_ Unapproved

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District Superintendent

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Date