

DOWNEY UNIFIED SCHOOL DISTRICT

EMPLOYEE'S AFFIDAVIT OF ABSENCE

____ CERTIFICATED	____ CLASSIFIED
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Name _____ Date _____
Last First

Department/School _____ Title/Position _____

A. ABSENCE REQUEST

I hereby request an absence from duty on _____ Date or Dates

for _____ days/hours

Under the following category:

- | | | |
|--------------------------------|--------------------------------|-------------------------|
| ____ Medical Appointment | ____ Vacation (Classified) | ____ Deduct Days |
| ____ Health/Maternity | ____ Leave without pay | ____ Personal Business |
| ____ School Business Activity: | ____ Compensation Day | ____ Personal Necessity |
| _____ | ____ (Management/Confidential) | |
| ____ Non-Contract Day | ____ Compensation Time | |
| ____ (Certificated Management) | ____ (Classified) | |

Days of Vacation/sick time accrued (if applicable): _____

Approved: _____

Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____

B. EMPLOYEE AFFIDAVIT OF ABSENCE

I hereby submit my statement of absence from duty

I was absent on _____ for _____ days/hours
Dates

_____ for _____ days/hours
Dates

Under the following category:

- | | |
|------------------------------------|---|
| ____ Health/Maternity* | ____ Bereavement Leave**-Relationship: _____ |
| ____ Leave without pay | ____ School Business Activity: _____ |
| ____ Illness/Medical Appointment** | ____ Compensation Day (Management/Confidential) |
| ____ Deduct Days | ____ Compensation Time (Classified) |
| ____ Vacation (Classified) | ____ Non-Contract Day (Certified Management) |
| ____ Personal Necessity | ____ Jury/Witness Duty* |
| ____ Personal Business | ____ On-the-Job Injury (Workers' Comp)*: _____ |

Date of Injury

Approved: _____

Employee's s Signature _____ Date _____ Supervisor's Signature _____ Date _____

* Supporting Document must be provided

**Supporting document must be provided under specified circumstances