



EMPLOYEE ABSENCE FORM

745 Tenth Street
 Colusa, CA 95932
 (530) 458-7791

cusdbusiness@colusa.k12.ca.us

Employee Name: _____

Date(s) of Absence: _____

Leave Type	Absence Start Time	Absence End Time	Total Hours of Absence	Comments
Sick				
Personal Necessity/No Tell				
School Business				
Comp Time Off (Attach copy of log)				
Bereavement *Comment required (Note relationship)				
Jury Duty (Attach copy of summons)				
Industrial Accident				
Vacation				

I verify the above statements are true and accurate. I understand that proof of this statement may be requested by the Superintendent.

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____