

PRINCETON JOINT UNIFIED SCHOOL DISTRICT

473 STATE STREET * PRINCETON CA 95970

****SUBSTITUTE REQUEST/ ABSENCE STATEMENT ****

EMPLOYEE NAME: _____ TITLE: _____

SCHOOL SITE: Jr/Sr High School District Office

Elementary School

CODE	DATE OF ABSENCE	SUB REQUEST Y/N	TIME IN	TIME OUT	COMMENTS	TOTAL HOURS ABSENT

REASON FOR ABSENCE:

IL/MA	Illness or Medical Appointment (Sick Leave Deduction)
PN	Personal Necessity - See Time Sheet for Explanation: _____
PB	Personal Business (Salary Deduction)
B	Bereavement - Relationship to Employee: _____
NT	No Tell (Sick Leave Deduction) ((Certificated, Admin, Confidential = 2/Year, Classified = 3/Year))
SB	School Business - Explain: _____
V	Vacation
NDD	Non Duty Day (Administrative Employees)
O	Other: Explain _____
IA	Industrial Accident or Illness Leave (Workers Comp): Date of Accident: _____

I certify that the information provided above is true and accurate.

Employee Signature	Date	Superintendent Signature	Date
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