

Empl ID:       Name (Last, First): \_\_\_\_\_ Location No.:

☐ CERTIFICATED  
☐ CLASSIFIED  
☐ FOOD SERVICE

**Absence Dates:**

FROM DATE  TO DATE

# of Days  Hours/Day\*  Total Hours

\*8 hours/day = Full time assignment

Timekeeper: See Below for Time Reporting Codes to be Used

**PHYSICIAN'S CERTIFICATION:** NORMALLY REQUIRED FOR ABSENCES OF MORE THAN 5 DAYS. MAY BE REQUIRED FOR ANY ABSENCE IF REQUESTED BY ADMINISTRATOR.

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE ABOVE PERIOD

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE CALIFORNIA LICENSE NUMBER

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE DATE

\_\_\_\_\_  
APPROVAL SIGNATURE DATE

\_\_\_\_\_  
TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR

**Type of Leave:**

- ☐ Sick ☐ Personal Business Days  
☐ Day 1 ☐ Day 2 ☐ Day 3 **SDEA ONLY**
- ☐ Personal Necessity:  
☐ Family School Partnership ☐ Accident  
☐ Adoption of Child ☐ Court Appearance  
☐ Act of Nature ☐ Family Illness  
☐ Bereavement Extension ☐ Religious Holiday:  
☐ Bereavement Other  
☐ Other: \_\_\_\_\_

The absences reported on this card are charged against the employee's sick leave bank (**Day 3 Personal Business SDEA members only**).

For sick leave, failure of the employee to obtain the certification of a licensed physician when required shall result in the absence being charged to unpaid leave and may be grounds for disciplinary action.

In the event that there is a concerted withdrawal of services by employees, it shall be the district's policy to require a physician's certification from any employee who is absent on the date of such withdrawal or services and who applies for sick leave benefits.

**Refer to appropriate collective bargaining contracts and district administrative procedures #7130, #7134 and #7136 for specific details of available benefits.**

Timekeepers: Based on the table below, please report the absences in Time and Labor with the Time Reporting Code that corresponds to the Type of Leave selected.

Sick Leave	SLF	Adoption of Child	PRN	Accident	PRN	Act of Nature	PRN
Personal Necessity	PRN	Religious Holiday	RH	Court Appearance	PRN	Personal Business Days	PRB
Family School Partnership	PRN	Family Illness	PRN	Bereavement Extension	PRN	Bereavement - Other	PRN
Personal/Family Responsibility	PRN	Half Pay Sick Leave (Certificated)	SLH	Half Pay Sick Leave (Classified)	LHS	Other	PRN

After reporting this leave into Time and Labor, this card should be filed at the site.

**Do not send this card to Payroll. Site is responsible for maintaining absence forms.**