Fullerton School District Certificated Personnel Absence Self Certification

Name – Please Print	Location	Employee ID #

First Day of Absence Last Day of Absence

Total Days Absent

If you have questions regarding this form, please refer to the Certificated Agreement: Article 13, Leaves of Absence.

Note: References to the Certificated Agreement do not pertain to Certificated Management

Please				
Check	Bracl	ceted [] initials are Time and Attendance	codes	
	Illness [S]			
	Industrial Accident/Illness [IA] (requires verification by physician) Workers' Compensation Administrator's Signature: Personal Necessity [PN] (requires prior notice, please see Article 13.C) Reason:			
	Unrestricted Personal Necessity [SPN] (requires prior notice, please see Article 13.C.3b)			
	Paternity/Maternity/Adoption [PT/MT/AD] (circle one) Bereavement [B]: member of immediate family			
	Jury Duty [J] – Court Certificate Required			
	Personal Leave without Pay [UP] (requires prior notice, please see Article 13.K)			
	Personal Leave with Pay [PP] (requires prior notice, please see Article 13.L) (Teacher pays substitute – limit 3 days – attach check for substitute per diem)			
	Negotiations [EX]			
	Other: Please Explain			
	Discretionary Absen	ce (requires approval from	administrator)	
	District Staff Development	Name of Workshop	Acct. #	
	Outside Conference	Name of Conference	Acct. #	
	Other School Business	Explanation	Acct. #	
	Certificated Contract Day	(If you have questions regarding this type of absence, pleas rtificated Contract Day refer to Article 8.E of the Certificated Agreement)		

Does this absence qualify for Family Medical Leave? Yes No

I certify that on the above listed date(s), I was absent for the reason stated.

Signature

Date

Date