

Report of Absence of Personnel

Employee's Name :	Employee #:					
Position:	School/Dept:				_	
Date(s) of Absence		Total Hours:			_	
	Reason for Ab	sence (check):				
☐ Vacation	☐ Illness	☐ Personal Necessity		Furlough Days		
School Business Leave	☐ Jury Duty	☐ Worker's Compensation		Negotiations		
☐ Unpaid Personal Leave	☐ Maternity/Paternity	☐ Bereavement (relationship):			
Name of Substitu	te	Date(s) Worked	,	Total Hours		
Employee's Signature:		Date:				
To the best of my knowledge and be	lief, the above is a true and acc	urate statement of the facts in relation to	o the en	nployee's absence.		
Signature of Lead Administrat	or:	Da	ıte:			
BS-22 (PB8)				Revised 10	/18/	
		PETALUMA				
		CITY SCHOOLS				
		sence of Personnel				
	•					
• •	Employee #:					
Position:		School/Dept:				
Date(s) of Absence	s) of Absence		Total Hours:			
	Reason for A	Absence (check):				
□ Vacation	□ Illness	☐ Personal Necessity		Furlough Day	'S	
School Business Leave	☐ Jury Duty	☐ Worker's Compensation		Negotiations		
Unpaid Personal Leave	☐ Maternity/Paterni	ty 🗌 Bereavement (relationsh	ip): _			
Name of Substi	tute	Date(s) Worked		Total Hours		
Employee's Signature:		Date:				
		ccurate statement of the facts in relation	to the	employee's absenc	е.	
Signature of Lead Administr			Nata:	1 7 - 1 - 2200110		

ABS-22 (PB8) Revised 10/18/23