

Bolinas-Stinson Union School District Absence Claim Report

Employee

Name: _____

Please print

I was/will be absent from work from:

(date): _____ to (date): _____

For a total of: _____ Days or _____ Hours

My absence was due to:

_____ Illness

_____ Release time for District business (does not effect sick leave)
Specify type: _____

_____ Personal Necessity leave, emergency or non-emergency. I
request sick leave to be utilized for these times. Leave must be made in
advance.

_____ Vacation

_____ Bereavement (Specify relationship of deceased) _____
Please check

_____ Within State Location: _____

_____ Out of State Location: _____

_____ Jury Duty

_____ Personal Business (unpaid leave-payroll deduction)

_____ Other (Specify: _____)

I certify that the above absence claim information is a true and accurate
accounting

Signature of Employee

Date

Signature of Principal

Date

Please submit to the Bolinas School Office