



California Association for Bilingual Education
 16033 E. San Bernardino Road
 Covina, CA 91722
 626-814-4441 Fax 626-814-4640

Absence Report

Absence Information		
Employee Name:		Date:
Pay Period Ending:	From:	To:
Type of Absence:	No. of Hour(s) Taken	Date(s) Taken
<input type="checkbox"/> Sick		
<input type="checkbox"/> Personal		
<input type="checkbox"/> Vacation		
<input type="checkbox"/> Bereavement*		
<input type="checkbox"/> Time off Without Pay		
<input type="checkbox"/> Jury Duty*		
<input type="checkbox"/> Other		
<input type="checkbox"/> Flex Day (specify days accrued)		
Date(s) accrued:	No. hours accrued:	Reason accrued:
Date(s) accrued:	No. hours accrued	Reason accrued:

*Please see the Employee Handbook for the number of days paid for this leave.

NOTE: CABE reserves the right to request verification from a licensed health care provider for any absence due to illness, injury or disability. For absences which exceed three (3) working days, medical verification from a licensed health care provider will be required upon return to work.

To the best of my knowledge and belief, the facts stated above are true and accurate.			
Employee's Signature		Date:	
<i>For Office Use Only</i>			
Code # or File #	Entered by:	Date entered:	Notes: