



FONTANA HIGH SCHOOL LEAVE DOC

Today's Date: _____ Date of Absence From: _____

Name: _____ Date of Absence To: _____

Pay Period Ending: _____ Department: _____

Reason (Click & Check in the correct box) **Hour(s)** **Other/Notes**

<input type="checkbox"/>	Vacation (must be approved in advance)		
<input type="checkbox"/>	Sick Leave		
<input type="checkbox"/>	Bereavement		
<input type="checkbox"/>	Imminent Death		
<input type="checkbox"/>	Personal Necessity		
<input type="checkbox"/>	Jury Duty		
<input type="checkbox"/>	Subpoenaed Witness		
<input type="checkbox"/>	Personal Leave – no pay* with HR approval		
<input type="checkbox"/>	Parental Leave		
<input type="checkbox"/>	Military Duty (attach orders)		
<input type="checkbox"/>	Conference		
<input type="checkbox"/>	Other		

To the best of my knowledge and belief, the facts stated are accurate and in full compliance with legal requirements.

Employee's Signature

Date

Supervisor's Signature

Date

Please return to: [Janette Alvarado@ Sub Desk Ext 11106 Email: Alvaja@fUSD.net](mailto:Janette.Alvarado@FUSD.net)