HumanResource Services follow

I understand that all employee absences are to be reported on the Monthly Absence Report.

cc: Principal or Supervisor, Employee, and Personnel File
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Name: Social Security Number:
Street Address: City/State/Zip:
Home Phone: Work Phone:
Personal Email: Work Email:
Position Title: Hire Date in District (mm/dd/yy):
Date LeaveE6 TJ 0 Tc 0 Tw ( )Tj 0.002 Tc -0.002 Tw 2.195 0 Td (to)Tj 0 Tc 0 Tw 0.78 0 Td ( )Tj -0.005 Tc Human ResourceServices Use Only

Leave Approved LeaveNot Approved Transfer to Unassigned

Signature: Human Resource Services Designee

Date: