DOWNEY UNIFIED SCHOOL DISTRICT
EMPLOYEE'S AFFIDAVIT OF ABSENCE

CERTIFICATED ☐	CLASSIFIED ☐

Name _____ Date _____
Last First

Department/School _____ Title/Position _____

A. ABSENCE REQUEST

I hearby request an absence from duty on _____
Date or Dates

for_____ days/hours

Under the following category:

- ☐ Authorized Absence (School Business)
- ☐ Bereavement Leave
- ☐ Compensation Day (Management/Confidential)
- ☐ Compensation Time (Classified employees only)
- ☐ Deduct Days
- ☐ FMLA/CFRA
- ☐ Illness/Medical Appt.
- ☐ Jury/Witness Duty
- ☐ Leave without Pay
- ☐ Non-Contract Day (Cert. Mgmt./Exec. Cabinet)
- ☐ Personal Business
- ☐ Personal Necessity **(Please indicate A-H from list)** _____
- ☐ Vacation

Personal Necessity Options:
A. Death or illness of Immediate Family member.
B. Accident involving employee's person or property.
C. Appearance of employee in court as a witness/litigant.
D. Birth or adoption of employee's child.
E. Imminent danger to the home of the employee.
F. Religious holiday.
G. Activities required by virtue of holding public office.
H. Employee cannot reasonably be expected to disregard the situation.

_____ Approved: _____
Employee's Signature Date Supervisor's Signature Date

B. EMPLOYEE AFFIDAVIT OF ABSENCE

I hereby submit my statement of absence from duty.

I was absent on _____ for _____ days/hours.
Date(s)

For the following reason(s):

- ☐ Authorized Absence (School Business)-Activity:_____
- ☐ Bereavement Leave** Relationship:_____
- ☐ Compensation Day (Management/Confidential)
- ☐ Compensation Time (Classified employees only)
- ☐ Deduct Days
- ☐ FMLA/CFRA
- ☐ Illness/Medical Appt.**
- ☐ Jury/Witness Duty **(Please note: Official court attendance verification required.)**
- ☐ Leave without Pay
- ☐ Non-Contract Day (Cert. Mgmt./Exec. Cabinet)
- ☐ On-the-Job Injury (Workers' Comp.)* **Date of Injury:** _____
- ☐ Personal Business
- ☐ Personal Necessity **(Please indicate A-H from list above)** _____
- ☐ Vacation

_____ Approved: _____
Employee's Signature Date Supervisor's Signature Date

* Supporting document must be provided for absences more than 5 days.
** Supporting document must be provided under specified circumstances.

Form 39210
Rev 6/14 sc
E-version 6/14