

# Natomas Unified School District Employee Absence Request

Check One:

<input type="checkbox"/>	Certificated
<input type="checkbox"/>	Classified
<input type="checkbox"/>	Confidential

EMPLOYEE REFERENCE # \_\_\_\_\_

FIRST & LAST NAME \_\_\_\_\_

DATE \_\_\_\_\_

POSITION \_\_\_\_\_

LOCATION \_\_\_\_\_

### Absence Code Legend

A	Adoption	M	Maternity
B	Bereavement * (Complete Explanation)	NT	No-Tell Day
LWFP	Certificated Leave With Full Pay	P	Paternity
LWPP	Certificated Leave With Partial Pay	PN	Personal Necessity *
LWOP	Certificated Leave Without Pay	SB/M	School Business/Mtg. * (Complete Explanation)
PH	Classified Personal Holiday (If Negotiated)	SL	Sick Leave
C	Comp. Time (Classified/Confidential Only)	UN	NTA/CSEA Negotiations *
FD	Furlough Day	V	Vacation (Classified/Confidential Only)
I/W	Inservice/Workshop * (Complete Explanation)	WC	Workers Compensation
J	Jury Duty (Attach Notice)	O	Other - (specify) _____

Date(s) Requested	Absence Code (from above)	Time of Day	# of Days - Certificated # of Hours - Classified
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTE:**

Enter all absence requests in  
**AESOP**  
<https://emp.aesoonline.com/Employee/Home>

Explanation: \_\_\_\_\_

- \* Personal necessity leave must be requested two working days in advance except in an emergency. Personal necessity leave shall not be used for: recreation, vacation, other employment or any illegal activity.
- \* Bereavement leave is for an immediate family member. Please state your relationship to the deceased and the location of services (city).
- \* Additional Explanation: Name of inservice/workshop, name of meeting or specific school business, and meeting place for negotiations.

EMPLOYEE SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Request Approved       Request Denied

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**CODE FOR SUBSTITUTE TIME SHEET:**

Funding Source Name: \_\_\_\_\_

School Site Plan Reference: \_\_\_\_\_

SACS  
ACCOUNT #

Fund	Resource	Year	Object	Site	Goal	Function	Local 1	Local 2
XX	XXXX	X	XXXX	XXX	XXXX	XXXX	XXX	XXX
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Granted       Denied

PROGRAM MANAGER APPROVAL \_\_\_\_\_

DATE \_\_\_\_\_

White: Payroll      Canary: Program Manager      Pink: Principal/Supervisor      Goldenrod: Employee