

Natomas Unified School District  
Employee Absence Request

Check One:      ☐ Certified  
                         ☐ Classified  
                         ☐ 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	<b>NOTE:</b>  Enter all absence requests in <b>FRONTLINE (AESOP)</b>  <b>Click link below</b> <b><a href="http://www.aesoponline.com">www.aesoponline.com</a></b>
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	

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 PRINT & SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Request Approved

Request Denied

SUPERVISOR'S PRINT & SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

CODE FOR SUBSTITUTE TIME SHEET:

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

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

SACS  
ACCOUNT #

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

Granted

Denied

PROGRAM MANAGER APPROVAL - PRINT & SIGN \_\_\_\_\_

DATE \_\_\_\_\_