long beach unified school district	
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CERTIFICATE OF ABSENCE

Employee No.		PP	Employee Name		
	School or Office	Administrator Approval	Signature of Absentee	Date	
Instructions:	This form must be filed with pay	roll clerk; one form for each pay period.			

CAUSE	CODE	DATES ABSENT	HOURS	CAUSE	CODE	DATES ABSENT	HOURS
SICK LEAVE Full pay.	180			VACATION Full Pay.	170		
	222						
PERSONAL NECESSITY Full pay. Charge to Sick leave Allowance.	300			MATERNITY LEAVE Full pay. DOB	960		
COMPELLING PERSONAL REASONS (Prior approval required.) Charged to Personal Necessity Leave Allowance.	320			PERSONAL LEAVE Half pay.	260		
STATUTORY ILLNESS Half pay maximum 100 days. More than 4 days require prior approval.	190			IMMINENT DEATH Full pay. Maximum 2 days per FY.	242		
INDUSTRIAL ACCIDENT/ ILLNESS Up to full pay. Maximum 60 days per accident/illness. DOI	330			BEREAVEMENT LEAVE Full pay. Maximum 5 days per death.	240		
SUBPOENA BY COURT	270			MILITARY LEAVE OF ABSENCE Needs Board Approval.	230		
Full pay.				OTHER UNPAID LEAVE			
JURY DUTY Full pay.	280			Without pay. Board approval required for more than 4 hours.			
COMPENSATING TIME OFF For overtime worked.	291			CONFERENCE/RELEASE TIME/ OTHER LEAVE at full pay.			

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