



GATEWAY COMMUNITY CHARTERS

5727 Perrin Avenue
McClellan, California 95652

Logged by: _____
Date: _____
Coded@# _____

EMPLOYEE ABSENCE REQUEST

This form must be completed by employee and submitted to supervisor for signature prior to absence, whenever possible, or upon returning to work after being absent. **Signed forms must be submitted to GCC HR for processing within five (5) days of the absence.**

Date of request: _____

Name: _____

Department or School: _____

Check one: Certificated Employee Classified Employee

I will be/was absent on _____ to _____ for a total of ____ days/ hours (____AM to ____PM)

Reason for absence:

- Sick/Personal Necessity 01 (Sick time, Dr. Appts, Bereavement, etc.)
- Military Duty 04 (Attach military orders)
- Jury Duty 13 (Attach proof of service)
- BTSA Activity (Provide proof of activity or approval)
- Professional Development Activity (Explain) _____

Comments: _____

Employee signature

Date

ACKNOWLEDGED BY:

Approved Rejected

Site Administrator signature

Date

Approved Rejected

Administrator signature

Date

Human Resources Use Only

Updated QSS

Copy to Employee

Date: _____

Initials: _____