Explanation of Absence(s)

WASHINGTON UNIFIED SCHOOL DISTRICT — WEST SACRAMENTO

(MUST be scanned into Absence Management if employee does not enter absence)

Name : _____   Site: _____   Month / Year : _____

☐ **Bereavement Leave**
Relationship: _____   Distance Traveled: _____   Date: _____

☐ **Family Illness**
Relationship: _____   Date: _____

☐ **Sick Leave**
Date(s): _____

☐ **Other Leave**
State Reason: _____   Date: _____

☐ **Release Time**
Explanation: _____   Date: _____

Signature: _____   **Date:** _____