

Signature:

Explanation of Absence(s)

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

Bereavement Leave Relationship: Distance Traveled: Date: Family Illness Relationship: Date: Sick Leave Date(s): Date: Other Leave State Reason: Date:	ivame :	:	Site:	Month / Year :
Family Illness Relationship:		Bereavement Leave		
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Other Leave State Reason:				
State Reason: Date:		Date(s):		
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Explanation: Date:		State Reason:		Date:
Signature: Date: WASHINGTON UNIFIED SCHOOL DISTRICT (MUST be scanned into Absence Management if employee does not enter absence) Name: Site: Month / Year: Bereavement Leave		Release Time		
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Explanation: Date:		Bereavement Leave Relationship: Family Illness Relationship: Sick Leave Date(s): Other Leave	O Absence Management if en	nployee does not enter absence) Month / Year : Date: Date:
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