

MONTEREY COUNTY SUPERINTENDENT OF SCHOOLS

**ABSENCE SLIP**

First Name	Last Name	Date(s) of Absence
<input type="checkbox"/> Doctor/Dentist Appointment _____ Time # hour(s)	<input type="checkbox"/> Sick Leave _____ Time # hour(s)	
<input type="checkbox"/> Vacation _____ Time # hour(s)	<input type="checkbox"/> Comp Time _____ Time # hour(s)	
<input type="checkbox"/> Personal Necessity _____ Time # hour(s)		
<input type="checkbox"/> Bereavement _____ Time # hour(s)		Relationship _____
<input type="checkbox"/> Other _____ Time # hour(s)		Description _____

Employee Signature	Date	<del>XXXX</del>	Department Head Signature	Date
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**Complete before leaving whenever possible**

**Reason for Absence:** (Enter time frame and number of hours to be used in appropriate space)  
 15 minutes=.25    30 Minutes=.50    45 Minutes=.75    1 Hour=1.00    (i.e. 2 Hours and 30 minutes=2.50 Hours)  
**Example:**  Doctor/Dentist Appointment **1:00 pm – 4:30 pm (3.50 hours)**