

**LITTLE LAKE CITY SCHOOL DISTRICT  
ABSENCE AFFIDAVIT**

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Name	Date	Location
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I was absent from work on \_\_\_\_\_ for a total of \_\_\_\_\_

My absence was due to:

: Bereavement (Specify relationship to deceased) \_\_\_\_\_

: Bereavement (Two additional days for travel out of state/500) Destination: \_\_\_\_\_

: Conference - Name of Conference \_\_\_\_\_

: Illness

: Industrial Accident Leave

: Judicial Leave

: Personal Business Leave

: Personal Necessity Leave (Reason) \_\_\_\_\_

\_\_\_\_\_ Emergency (Reason): \_\_\_\_\_

: Vacation (Classified Only) \_\_\_\_\_ : Floating Holiday (Classified Only) \_\_\_\_\_

: Other (Specify) \_\_\_\_\_

\_\_\_\_\_

1. Please forward a completed form to your supervisor for approval
2. Supervisors, upon approval please forward this form to **payroll@llcsd.net** stating your approval in the email