

Pasadena Independent School District
Payroll Excuse

Employee Name _____
print or type

Employee # _____

My absence from _____ was occasioned by:
name of school or office

Worker's Compensation _____ No. of hours _____

Personal Illness (Date) _____ No. of hours _____

Illness of Relative
(Date) _____ Relation _____ No. of hours _____

Adoption Leave _____ No. of hours _____

Official Business (Date) _____ No. of hours _____

Military Leave _____ No. of hours _____

Jury Dury (Date) _____ No. of hours _____

Court Summons (Date) _____ No. of hours _____

Student Assault _____ No. of hours _____

Vacation
(12 Month employees) _____ No. of hours _____

Death of Relative
(Date) _____ Relation _____ No. of hours _____

Personal Business

Personal Day (Date) _____ No. of hours _____

Without Pay (Date) _____ No. of hours _____

Non Dury (Date) _____ No. of hours _____

Employee's Signature _____

Supervising Administrator's Signature _____

| | |
|---|---|
| <input type="checkbox"/> Certified | <input type="checkbox"/> Substitute Name and Lawson # |
| <input type="checkbox"/> Paraprofessional | _____ |
| <input type="checkbox"/> Service | _____ |
| | Sub Finder Job # _____ |

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