

TRAVIS UNIFIED SCHOOL DISTRICT

ABSENCE CERTIFICATE

Name \_\_\_\_\_  
Last First Middle Site

Please circle the number(s) applicable for your absence and fill in the remainder of the information requested to the right of the circled excuse.

\_\_\_\_\_ Date this certificate was submitted

|                             | Number of Hrs. (Class.)<br>Days (Cert.) Absent | Dates of Absence(s)<br>(Month, day and year) |
|-----------------------------|--|--|
| 1. Personal Illness         |  |  |
| 2. Personal Necessity*      |  |  |
| 3. Bereavement*             |  |  |
| 4. Field Trip               |  |  |
| 5. Conference or Visitation |  |  |
| 6. Curriculum Development   |  |  |
| 7. Industrial Leave         |  |  |
| 8. Personal Business        |  |  |
| 9. Other* (vacation, etc.)  |  |  |

\* Explanations are required below:

2. \_\_\_\_\_  
3. \_\_\_\_\_  
9. \_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Absentee's Signature