

# CLASSIFIED BARGAINING UNIT MONTHLY ABSENCE REPORT

(Use **after** return from a leave –report absences separately by month)

For complete text, refer to Bargaining Unit Agreement

**NAME:** \_\_\_\_\_ **last 4 SSN** \_\_\_\_\_ **REPORTING MONTH** \_\_\_\_\_

If FMLA has been requested for a personal or family illness, please indicate "FMLA" accordingly

**ABSENCE DATES**

**# DAYS or HOURS**

*irregular schedule, list in hours*

**REASON FOR ABSENCE**

_____	#days _____ or #hrs _____	(20) <b>VACATION LEAVE</b> May be taken in units of not less than 15-minute increments
_____	#days _____ or #hrs _____	(12) <b>ANNUAL FLOATING HOLIDAY</b>
_____	#days _____ or #hrs _____	(99) <b>COMP TIME TAKEN</b> (Must be scheduled and taken within 12 months of being earned)
_____	#days _____ or #hrs _____	(01) <b>PERSONAL ILLNESS &amp; INJURY</b> If sick leave is depleted, available vacation leave will be charged or if necessary, wages will be adjusted accordingly. (50% extended illness leave may be available)
_____	#days _____ or #hrs _____	(07) <b>Personal Medical/Dental appts</b>
_____	#days _____ or #hrs _____	(40) <b>PERSONAL NECESSITY</b> Check one. (Deduct from available sick leave – up to 9 days per year) <input type="checkbox"/> Family illness <input type="checkbox"/> Accident involving self/family, personal or property <input type="checkbox"/> Extra bereavement <input type="checkbox"/> Court - legal obligation <input type="checkbox"/> Other* Describe: _____ (*Supt/President approval - INITIALS _____)
_____	#days _____ or #hrs _____	(81) <b>BEREAVEMENT LEAVE</b> (4 days; 6 days out-of-state OR over 300 miles) Relationship of deceased: _____ City/State: _____
_____	#days _____ or #hrs _____	(80) <b>RELEASE TIME</b> Describe purpose: _____
_____	#days _____ or #hrs _____	(84) <b>JURY SERVICE – JURY SLIPS REQUIRED;</b> If you receive jury fees, submit payment to Fiscal Services
_____	#days _____ or #hrs _____	(86) <b>WITNESS LEAVE – COURT DOC REQUIRED</b>
_____	#days _____ or #hrs _____	(83) <b>INDUSTRIAL ACCIDENT/JOB-INCURRED ILLNESS</b> (report shall be on file within 24 hrs) <b>Original Date of injury/illness:</b> _____
_____	#days _____ or #hrs _____	(97) <b>ADDITIONAL LEAVE OF ABSENCE</b> Describe: _____

Employee Signature _____	Date _____	Supervisor Signature _____	Date _____
--------------------------	------------	----------------------------	------------

**PAYROLL USE ONLY:**

Requested leave unavailable, charge \_\_\_\_\_ days or hrs to \_\_\_\_\_ or, Dock wages on \_\_\_/\_\_\_/\_\_\_ payroll - email to employee: \_\_\_\_\_