

ADMINISTRATIVE, MANAGEMENT, CONFIDENTIAL MONTHLY ABSENCE REPORT

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

For complete text, refer to Management Handbook

NAME: _____ last 4 SSN _____ REPORTING MONTH _____

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

<u>ABSENCE DATES</u>	<u># DAYS or HOURS</u>	<u>REASON FOR ABSENCE</u>
_____	#days _____ or #hrs _____	(20) VACATION LEAVE May be taken in units of not less than 15-minute increments
_____	#days _____ or #hrs _____	(12) ANNUAL FLOATING HOLIDAY
_____	#days _____ or #hrs _____	(01) PERSONAL ILLNESS & INJURY If sick leave is depleted, wages will be adjusted accordingly 50% extended illness leave may be available <input type="checkbox"/> check here if you wish to charge vacation leave, if available (19)
_____	#days _____ or #hrs _____	(07) Personal Medical/Dental appts
_____	#days _____ or #hrs _____	(40) PERSONAL NECESSITY Check one. (Deduct from available sick leave – up to 9 days per year) ___ Family illness ___ Accident involving self/family, personal or property ___ Extra bereavement ___ Court - legal obligation ___ Other Describe: _____
_____	#days _____ or #hrs _____	(64) PERSONAL LEAVE (Educational Mgmt Only) 6 days maximum Describe: _____
_____	#days _____ or #hrs _____	(81) BEREAVEMENT LEAVE (4,5, or 6 days, educational mgmt; 4 or 6 classified mgmt) Relationship of deceased: _____ City/State: _____
_____	#days _____ or #hrs _____	(84) JURY SERVICE – JURY SLIPS REQUIRED; If you receive jury fees, submit payment to Fiscal Services
_____	#days _____ or #hrs _____	(86) WITNESS LEAVE – COURT DOC REQUIRED
_____	#days _____ or #hrs _____	(83) INDUSTRIAL ACCIDENT/JOB-INCURRED ILLNESS – (report shall be on file within 24 hrs) Original Date of injury/illness: _____
_____	#days _____ or #hrs _____	() PROFESSIONAL LEAVE (Educational Mgmt Only) (Must be approved in advance)
_____	#days _____ or #hrs _____	(97) ADDITIONAL LEAVE OF ABSENCE 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: _____