

# EMPLOYEE ABSENCE REPORT

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

## CLASSIFIED BARGAINING UNIT

For complete text, refer to Bargaining Unit Agreement

NAME: \_\_\_\_\_ SS #: \_\_\_\_\_ REPORTING MONTH \_\_\_\_\_

<u>LIST ABSENCE DATES</u>	<u># DAYS or HOURS</u>	<u>REASON FOR ABSENCE</u>
_____ #days _____ or #hrs _____		<b>PERSONAL ILLNESS &amp; INJURY LEAVE</b> - Article XII, 12.4 ( ) check here if you wish to use vacation leave, as available (01) If sick leave unavailable, available vacation leave will be charged or, if necessary, wages may be adjusted.
_____ #days _____ or #hrs _____		<b>PERSONAL Medical/Dental Appointments</b> (07) Article XII, 12.4.6a (charged to Illness Leave)
_____ #days _____ or #hrs _____		<b>VACATION LEAVE</b> – Article XI, 11.1..... (20) May be taken in units of not less than one hour increments
_____ #days _____ or #hrs _____		<b>FLOATING HOLIDAY</b> – Article X, 10.1.1, 2 (12)
_____ #days _____ or #hrs _____		<b>PERSONAL NECESSITY</b> – Article XII, 12.5 (40) Check one. (deducted from available sick leave) (7days maximum) ___ FAMILY ILLNESS/APPTS. ___ EXTRA BEREAVEMENT ___ OTHER* Describe: _____ (*must generally be approved by <b>Supt./Pres - INITIALS</b> _____)
_____ #days _____ or #hrs _____		<b>JURY SERVICE</b> - Article XII, 12.2 (84) (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form. Submit Jury Fees paid to Fiscal Services.
_____ #days _____ or #hrs _____		<b>WITNESS LEAVE</b> - Article XII, 12.3 (86) (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form
_____ #days _____ or #hrs _____		<b>BEREAVEMENT LEAVE</b> - Article XII, 12.1 (81) (3 days intrastate; 5 days out-of-state OR over 300 miles) Relationship of deceased: _____ City/State: _____
_____ #days _____ or #hrs _____		<b>INDUSTRIAL ACCIDENT OR JOB-INCURRED ILLNESS LEAVE</b> – Article XII, 12.6 (report must be on file with H/R) (83) <b>Original Date of injury/illness:</b> _____
_____ #days _____ or #hrs _____		<b>ADDITIONAL LEAVE OF ABSENCE</b> – Article XII, 12.8 (97) (must be board approved in advance; typically unpaid) Describe: _____

Employee Signature \_\_\_\_\_  
Date \_\_\_\_\_

Supervisor \_\_\_\_\_  
Date \_\_\_\_\_

### PAYROLL USE ONLY:

Requested leave unavailable. Charge \_\_\_\_\_ days or hrs to \_\_\_\_\_, or Dock wages on \_\_\_\_\_ Payroll

NOTE: \_\_\_\_\_