

EMPLOYEE ABSENCE REPORT

(turn into Area Administrator **after** return from a leave – report absences separately by month)

ADMINISTRATIVE, MANAGEMENT, CONFIDENTIAL

For complete text, refer to Management Handbook

NAME: _____	SS #: _____	REPORTING MONTH _____
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<u>LIST ABSENCE DATES</u>	<u># DAYS or HOURS</u>	<u>REASON FOR ABSENCE</u>
_____	#days _____ or #hrs _____	PERSONAL ILLNESS & INJURY LEAVE (<input type="checkbox"/>) 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 _____	PERSONAL Medical/Dental Appointments (07) (charged to Illness Leave)
_____	#days _____ or #hrs _____	VACATION LEAVE (20)
_____	#days _____ or #hrs _____	PERSONAL NECESSITY (40) Check one. (deducted from available sick leave) (7days maximum Classified Mgmt; 6 days max Educational Mgmt) <input type="checkbox"/> FAMILY ILLNESS/APPTS/ACCIDENT <input type="checkbox"/> EXTRA BEREAVEMENT <input type="checkbox"/> OTHER* Describe: _____
_____	#days _____ or #hrs _____	PERSONAL LEAVE (Educational Mgmt Only) (6 days maximum) Describe _____ (64)
_____	#days _____ or #hrs _____	JURY SERVICE (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 _____	WITNESS LEAVE (86) (Often, extended dates/times are unknown...keep area administrator apprised...turn in court certification with your absence form
_____	#days _____ or #hrs _____	BEREAVEMENT LEAVE refer to handbook for limits (81) Relationship of deceased: _____ City/State: _____
_____	#days _____ or #hrs _____	INDUSTRIAL ACCIDENT OR JOB-INCURRED ILLNESS LEAVE (83) (report must be on file with H/R) Original Date of injury/illness: _____
_____	#days _____ or #hrs _____	ADDITIONAL LEAVE OF ABSENCE (97) (must be approved in advance; typically unpaid) Describe: _____
_____	#days _____ or #hrs _____	PROFESSIONAL LEAVE (Educational Mgmt only) MUST BE APPROVED IN ADVANCE

_____ Employee Signature Date _____	_____ Supervisor Date _____
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PAYROLL USE ONLY:
 Requested leave unavailable. Charge _____ days or hrs to _____, or Dock wages on _____ Payroll
 NOTE: _____