

EMPLOYEE ABSENCE REPORT

Employee: Complete all sections through "employee signature" and submit to your supervisor for approval.

EMPLOYEE:

DATE(S) OF ABSENCE:

LEAVE DESIGNATION: (See reverse for additional information)	REASON **Not required if shaded	Length of Absence	
		# of full days	# of hours
<input type="checkbox"/> Employee Illness/Medical Appointment			
<input type="checkbox"/> Personal Necessity <small>(Maximum 7 per year)</small>			
<input type="checkbox"/> Bereavement <small>(Relationship of deceased and location of funeral)</small>			
<input type="checkbox"/> Industrial accident <small>(Worker's Comp verification required)</small>			
<input type="checkbox"/> Vacation			
<input type="checkbox"/> Workshop/conference-School Business <small>(Note nature and location in "Reason" column)</small>			
<input type="checkbox"/> Jury Duty <small>(Please attach copy of summons and submit payment upon receipt)</small>			
<input type="checkbox"/> Compensatory time off			
<input type="checkbox"/> Unpaid			

Substitute Request as follows: *(must be submitted at least 10 days in advance)*

Arbuckle Elementary Grand Island Elementary Lloyd G. Johnson Jr. High Pierce High Arbuckle Alternative High

Substitute Requested/Assigned: _____

All Day **OR** Start Time/End Time _____ Additional Information _____

I verify the above statements are true and accurate. I understand that additional documentation may requested by the Superintendent.

Employee signature:

Date:

Supervisor signature:

Date:

LEAVE DESIGNATIONS

Employee Illness/Medical Appointment	No written verification is generally required. <i>For yourself only.</i>
Personal Necessity	This leave is deducted from your sick leave bank. You may use up to 7 days of personal necessity leave for the following reasons: <ul style="list-style-type: none">▪ Illness of an immediate family member;▪ Death of a member of the immediate family when additional leave is required beyond bereavement leave already provided for;▪ Accident involving the person or property of the employee or a member of the immediate family; and▪ Appearance in any court or before any administrative tribunal as a litigant, party or witness under subpoena.▪ Other eventualities which cannot be scheduled at any other time dealing with personal family commitments or personal business, at the discretion of the employee's immediate supervisor.
Bereavement	An employee shall be granted leave with full pay, not to exceed 3 days, or 5 days if more than 200 miles of travel is required for certificated or out of state travel for classified, on account of the death of any member of employee's immediate family.
Industrial Accident	Verified by worker's compensation authorization.
Workshop/conference-School Business	The nature and location of the workshop or conference is to be listed.
Jury Duty	Attach a copy of the jury summons, then remit payment for serving on jury duty to the District Office upon receipt.

Employees should refer to the Certificated and Classified Employee Contract Agreements for further explanation of leave policies.

VACATION/SICK LEAVE ACCRUAL BALANCES

Vacation and sick leave accrual balances include days credited through June 30 of the current fiscal year. Should your employment terminate prior to June 30, your balances will be adjusted downward for the unearned portion.