



# Employee Absence Request/Reporting Form

Name: \_\_\_\_\_

UNIFIED SCHOOL DISTRICT

Check One:     Certificated             Classified

Complete below information and indicate reason for absences as applicable.

	Date Of Absence	Day Of The Week	Number of Hours	<div style="border: 1px solid black; padding: 2px;"> <input type="radio"/> O  <input type="radio"/> R         </div>	Full Day / Half Day	Absence Type*	Absence Reason (if required*)
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

*Only enter one date or block of time per line. Use additional forms as needed.*

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Quick Glance Balances as of: _____		
Pre-request Balance:	Hours Used Per This Form:	Remaining Balance:
Vacation:	Vacation:	Vacation:
Sick/PN/PL Time:	Sick/PN/PL Time:	Sick/PN/PL Time:
Comp/ Other:	Comp/ Other:	Comp/ Other:

Principal/Supervisor: _____	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Additional Comment:		
Superintendent/Designee: _____	Date: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Additional Comment:		

- \*Available Absence Types:**  
 Illness / Medical / Dental (self only)  
 Work-Related Illness or Injury
- Personal Necessity
- Personal Leave
- Bereavement
- Vacation
- Comp Time
- Release Time
- District Business
- Absent without pay

- Additional Requirements:**  
 None  
IMMEDIATELY report injury to supervisor.
- MUST have prior approval.**  
**MUST list specific absence reason.**  
**MUST have prior approval.**  
**MUST state your relationship to deceased.**
- MUST have prior approval.**  
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- Workshops, Meetings, Trainings, Evaluations, etc.; time not deducted.  
**MUST** submit detailed request with in writing to the Board for prior approval.

*Time off for care/appointments for others must be PL or PN.  
**CALL RESIG NURSE @ 836-7457!!***

*Doctor's authorization required for treatment.  
 Certificated - limit 6 days per year (see contract)  
 Classified - limit 7 days per year (see contract)  
 All Staff - limit 2 days per year; no reason required.  
 Allowances: Cert. - 3 days in-state or 5 days out-of-state  
 Class. - 3 days or 5 days if 200 or more miles total*

*USE CERTIFICATED RELEASE TIME LOG. Do not use this form.*