



Adelanto Elementary School District

Absence Report

Location: _____

PRINT OR TYPE FULL NAME		CHECK APPROPRIATE BOX: This is to certify I: <input type="checkbox"/> was <input type="checkbox"/> will be absent from work
Last 4 of SS#:	Dates of Absence:	Making a total of: _____ Hours

My Absence Was Due To:

1. _____ Hour(s) -	ILLNESS LEAVE: Article 9.12A, Administrative Regulation 4261.1 After 3 consecutive days of absence, verification of leave may be required. FMLA and/or CFRA approved leave
2. _____ Hour(s) -	PERSONAL NECESSITY LEAVE: Article 9.7 Sick Leave Deduction – Reasons 9.7 (A).(1 – 7). Maximum of <u>7</u> days/school year. 48 hours advance notice unless of an emergency nature. Request made to immediate supervisor. Supporting evidence may be required. FMLA and/or CFRA approved leave Reason: <input type="checkbox"/> Bereavement (Additional) <input type="checkbox"/> Accident – Immediate Family <input type="checkbox"/> Court/Witness/Court Ordered <input type="checkbox"/> Family Member Illness <input type="checkbox"/> Appointment – Employee or Family <input type="checkbox"/> Funeral Service (In Addition to Bereavement) <input type="checkbox"/> Regularly Scheduled School Activity
3. _____ Hour(s) -	PERSONAL BUSINESS: Article 9.9. Sick Leave Deduction. No more than <u>5</u> days/school year, only 2 can be consecutive. 48 hours advance notice when "dcggj\Y"
4. _____ Hour(s) -	BEREAVEMENT: Article 9.10. Up to 5 days granted. No Sick Leave Deduction. <i>The District may request verification of the employee's immediate family relationship or attendance of services.</i> Specify relationship of deceased: _____
5. _____ Hour(s) -	PERSONAL LEAVE: Article 9.8. Prior Approval Required. Will result in payroll dock. A written request shall be filed.
6. _____ Hour(s) -	JURY OR WITNESS SERVICE: Article 9.1. Must submit court receipt and reimburse District.
7. _____ Hour(s) -	UNION RELEASE TIME: Two work days advanced notice to immediate supervisor when possible. Negotiations/Interview Panel Other Union Business
8. _____ Hour(s) -	OTHER REASONS: Civic duty, etc.
9. _____ Hour(s) -	SCHOOL BUSINESS: TIC, SST, Conf., IEP, etc.
10. _____ Hour(s) -	VACATION: Scheduled in advanced with approval of the immediate supervisor.
11. _____ Hour(s) -	INDUSTRIAL ACCIDENT OR ILLNESS LEAVE: Article 9.4

I understand that payments and/or deductions are processed in accordance with State Laws and District Policies.

Today's Date: _____ Employee's Signature: _____

PLEASE RETURN THIS FORM TO THE SITE OR DEPARTMENT SECRETARY WITHIN 24 HOURS OF YOUR ABSENCE OR YOUR PAYCHECK WILL BE DOCKED.

INDUSTRIAL ACCIDENT OR ILLNESS LEAVE <input type="checkbox"/> Pending Claim (Sick Leave Deduction) <input type="checkbox"/> Accepted Claim (60 Days IAL) <input type="checkbox"/> Verification Received Risk Management Approved: _____ Date: _____
--

PRIOR APPROVAL REQUIRED: Approved Denied

I certify that I have evaluated the preceding absence information and find it to be correct.

Today's Date: _____ Supervisor's Signature: _____

Substitutes and Dates: _____
