



**Adelanto Elementary School District**

# Absence Report

**Location:** \_\_\_\_\_

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

### My Absence Was Due To:

1. _____ Hour(s) -	<b>ILLNESS LEAVE:</b> 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) -	<b>PERSONAL NECESSITY LEAVE:</b> Article 9.7 Sick Leave Deduction – Reasons 9.7 (A).(1 – 7). Maximum of <u>7</u> days/school year. Prior Approval Required. 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 <b>Reason:</b> <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) -	<b>PERSONAL BUSINESS:</b> Article 9.9. Sick Leave Deduction. No more than <u>5</u> days/school year, only 2 can be consecutive. Prior Approval Required. 48 hours advance notice when possible.
4. _____ Hour(s) -	<b>BEREAVEMENT:</b> 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) -	<b>PERSONAL LEAVE:</b> Article 9.8. Prior Approval Required. Will result in payroll dock. A written request shall be filed.
6. _____ Hour(s) -	<b>JURY OR WITNESS SERVICE:</b> Article 9.1. Must submit court receipt and reimburse District.
7. _____ Hour(s) -	<b>UNION RELEASE TIME:</b> Two work days advanced notice to immediate supervisor when possible. Negotiations/Interview Panel      Other Union Business
8. _____ Hour(s) -	<b>OTHER REASONS:</b> Civic duty, etc.
9. _____ Hour(s) -	<b>SCHOOL BUSINESS:</b> TIC, SST, Conf., IEP, etc.
10. _____ Hour(s) -	<b>VACATION:</b> Scheduled in advanced with approval of the immediate supervisor.
11. _____ Hour(s) -	<b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE:</b> 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.**

<b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE</b> <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: _____
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**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: \_\_\_\_\_  
\_\_\_\_\_