

EMPLOYEE ABSENCE REQUEST/AUTHORIZATION

Please Print

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.		

LOC. CODE	SCHOOL NAME or WORK LOCATION	JOB #

This report covers absence on the following dates:

ADMIN/LICENSED PERSONNEL ABSENCE	SCHOOL POLICE/SUPPORT PERSONNEL ABSENCE	
Total DAYS	Total HOURS (Admin. Comp.)	Total HOURS

MONTH/S _____

DATE:							
REASON CODE:							
DAYS/HOURS:							
	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.

Please place a date, reason code, and hours/days in each square for each absence:

A maximum of 7 days absence may be reported on each form.

YES NO

____ / ____ Were you absent on a day prior to or following a holiday?
Indicate holiday _____

____ / ____ Did you notify your supervisor that you were to be absent?

____ / ____ Did you see a doctor if reason was for personal (01) or family (02) illness?

SIGNATURE OF EMPLOYEE DATE

SIGNATURE OF SUPERVISING ADMINISTRATOR DATE

DISTRIBUTION: Original copy to be retained by supervising administrator
030 2nd copy to the employee with disposition

Family Medical Leave Notice: Absences may affect eligibility and may be deducted from FML entitlement. Read the full notice on reverse side of this form.

REASON FOR ABSENCE Please use code numbers listed below.

1. Personal illness #
 2. Illness in immediate family #
 3. Bereavement
 4. * Jury duty
 5. * Subpoena as witness
 6. * Personal leave
 7. * See Below
 8. * See Below
 9. * Military
 10. * Non-paid - with or without leave
 11. * Paid vacation
 13. Worker's Compensation
 14. * Time out (year-round only)
 16. * Compensatory (Comp) time used
 17. * Universal/Flexible day
 28. District business/activity **without** students (recruitment, state meetings, conferences, etc.) (no substitute teacher required)
7. *School business / **activity with students** (athletic trip, field trip)
Name of activity: _____ (requires substitute teacher)
8. *Authorized absence / **activity without students** (professional development, sport clinics, SPTA, etc.)
Name of activity: _____
(requires substitute teacher/preapproved budget coding)
Authorizing unit _____ Grant/Ph _____ / _____ (if applicable)
Sub Authorized by: _____

**APPROVAL REQUIRED PRIOR TO PENDING ABSENCE/VACATION/COMPENSATORY TIME, ETC.*



Family Medical Leave (FML) Notice

All absences taken for one of the following "qualifying events" will run concurrently with and be deducted from your annual FML entitlement of 12 weeks:

- For the birth, care, or placement of a child for adoption or foster care;
- To care for an immediate family member (spouse, child, or parent) with a serious health condition; or
- To take medical leave when you, the employee, are unable to work because of a serious health condition.

Employees are required to have worked 1250 hours during the preceding 12 months *and* have worked for the CCSD for at least 12 months to be eligible for FML. All absences, whether for a qualifying event or otherwise, will be deducted from calculations of the total hours worked.

Should you continue to be absent for a qualifying event beyond your 12 week annual entitlement and/or exhaust your accumulated eligible leave, you will be required to apply for an appropriate leave of absence.

CCSD Regulation 4359 provides additional details for FML. You are encouraged to contact the Human Resources Division for further information if needed.