

EMPLOYEE ABSENCE FORM

Personal Necessity, Vacation and School Business must be approved 2 weeks prior to the absence

Employee Name _____ Work Location _____

Please check Certificated Classified Job Title _____

Date(s) Absent (mm/dd/yyyy) _____

Indicate the number of days for each type of absence:

A. ___ Illness

B. ___ Personal Necessity (Classified employees only, **must be approved 2 weeks prior to the absence**)

___ Medical Appointment

___ Death of a member of the employee's immediate family (bereavement must be exhausted)

___ Accident involving the person or property of the employee or a member of the employee's immediate family.

___ Home protection in the event of a natural catastrophe, such as flood or fire.

___ Observance of a religious holiday.

___ Bereavement for someone other than immediate family.

___ Other personal business _____

(effort will be made to conduct personal business on non-instructional days)

C. ___ Bereavement Leave: _____

Relationship to Employee

D. ___ Jury Duty

E. ___ Vacation (Classified and Administration only, **must be approved 2 weeks prior to the absence**)

F. ___ School Business (**must be approved 2 weeks prior to the absence**)

Purpose: _____ Funding Source: _____

Employee's Signature **Date**

Principal/Supervisor Signature **Date**