

Centinela Valley Union High School District
ABSENCE FORM FOR CLASSIFIED STAFF



EMPLOYEE INFORMATION (Please Print)

Last Name:	First Name:	M.I.:	Employee's Telephone: ()
School/Site Location Name:		Job Title:	

REASON FOR ABSENCE

1. Starting date of absence: ___ Mo. / ___ Day / ___ Year Last date of absence (expected) ___ Mo. / ___ Day / ___ Year
2. Total time expected of absence: _____ days; _____ hours
3. Select the appropriate type of absence below from the Illness section or the Non-Illness section. *The following types of absence may qualify for protection under Family and Medical Leave Act ("FMLA") and/or the California Family Rights Act ("CFRA"). You may request protection if the absence is covered under the qualifying conditions. CVUHSD may also, on its own, designate an absence/leave as FMLA/CFRA protected, if the absence meets legal requirements.*

***CLASSIFIED STAFF ILLNESS ONLY: (Please refer to CSEA collective bargaining agreement)**

A) Personal Illness and Injury Leave (Article 6.2). Dates: From: _____ To: _____

B) Industrial Accident Leave (Article 6.8 – Maximum 60 working days). Dates: From: _____ To: _____

C) Pregnancy Disability (Article 6.5 – Use accrued Personal Illness and Injury hours). Dates: From: _____ To: _____

D) Sick Leave at Half Pay (Article 6.2.4 – Maximum 100 days) Dates: From: _____ To: _____

E) Catastrophic Leave (Article 23 – Maximum 30 days) Must submit *Request for Catastrophic Leave* Form to Human Resources. Dates: From: _____ To: _____

***CLASSIFIED STAFF NON-ILLNESS ONLY:**

A) Bereavement (Article 6.4 – Maximum 5 consecutive days. See rule!) Identify Family Relation: _____

B) CSEA LEAVE (Article 9.6 – Max 50 days for CSEA officers or representatives) Submit list of dates and times

C) Floating Holiday (Article 12.5 – 1 day per year)

D) Judicial Leave Provide documentation from the Court
 (Jury Duty Article 6.7.1-Full Pay) or (Witness in Court Article 6.7.3 – Full Pay)

E) Personal Necessity Leave (Article 6.3 – Max 7 days per year). Explain: _____
 ___ Death or serious illness of a member of immediate family Identify Family Relation: _____
 ___ Accident involving employee or property
 ___ Accident involving member of immediate family or property of immediate family. . . Identify Family Relation: _____
 ___ Appearance in court as litigant, party or witness under subpoena or order Provide documentation from the Court
 ___ As approved by the Superintendent or designee
 ___ Personal needs of the employee (Maximum 2 days)

F) Vacation (Article 13 – Maximum accrual 24 working days) Dates: From: _____ To: _____

G) Other Leaves:
 ___ Leave Without Pay (Article 6.6 – Maximum one year) Dates: From: _____ To: _____
 ___ Military Leave (Article 6.9) Dates: From: _____ To: _____
 ___ Family Care and Medical Leave/California – FMLA (Article 6.10) Dates: From: _____ To: _____
 ___ Paid Parental Leave (Assembly Bill 2393 Eff. January 1, 2017/Ed Code 45196.1) Dates: From: _____ To: _____

I certify my absence during my hours of assigned duty is because of the above listed reason in accordance with any applicable Board/PC rule or Collective Bargaining Agreement. I also agree and authorize that once the correct benefit usage charged above is processed, any unearned wages paid as a result will be collected from the next paycheck. I declare under penalty of perjury that the foregoing is true and correct.

Employee's Signature _____ Date _____

For HR Verification/Approval: Is the FMLA/CFRA supporting documentation received/on file with HR? Yes No

Is the FMLA/CFRA approved? Yes No Signature _____ Date _____

Explanation: _____

(Use separate paper, if needed)

Administrators/Supervisor's Acknowledgement/Approval:

Print Name _____ Signature _____ Date _____