

WALNUT VALLEY UNIFIED SCHOOL DISTRICT

REPORT OF ABSENCE
CERTIFICATED EMPLOYEES

Print Full Name:	Work Site:
This is to certify that I: <input type="checkbox"/> was absent from work <input type="checkbox"/> will be absent from work	
Date(s) Absent:	Time Absent: _____ hours (if less than 1 day)
Total of _____ days, _____ hours	
My Absence was due to: (Check one below)	

PERSONAL NECESSITY LEAVE:

(please specify the reason for personal necessity leave, by checking one box below)

Refer to Article VIII, Section 8.6 – 8.6.5 in the WVEA Contract - *Deducted from accumulated Sick Leave.
The yearly maximum is ten (10) days except in the event of extraordinary circumstances.

- Non-Emergency (requires prior notification)
- Emergency
- Dependent illness
- Other authorized use - Refer to Section 8.6.3 – 8.6.5 in the WVEA Contract. (See reverse side)
- Extraordinary circumstances (requested through Human Resources)
Refer to Section 8.6.2 in the WVEA Contract. (See reverse side)

INDUSTRIAL ACCIDENT:

(Refer to Article VIII, Section 8.3 in the WVEA Contract.)

In remarks, give complete details including when and where Industrial Accident Report was filed.

BEREAVEMENT LEAVE:

(Refer to Article VIII, Section 8.4 in the WVEA Contract.)

In remarks, give name and relationship of deceased as well as place and date of funeral services.

JUDICIAL LEAVE:

Please specify the type of duty you were serving by checking a box below.

- Court attendance (Refer to Article VIII, Section 8.5.1 and 8.5.2 in the WVEA Contract.)
Attach Subpoena or official court order.
- Jury Duty (Refer to Article VIII, Section 8.5.3 in the WVEA Contract.)
Attach court certification of dates served.

SCHOOL BUSINESS/APPROVED CONFERENCE:

Approved by: _____

PERSONAL LEAVE WITHOUT PAY: (advanced approval required – refer to Article VIII, Section 8.11)

Attach appropriate authorization

Remarks: _____

I certify that the absence shown above, is in accordance with the contractual requirements for such absence and I understand I may be required to provide the Human Resources Office with appropriate information to confirm the correct use of this leave.

Employee's Signature

Date

Principal's Signature

Date

Payroll: Available PN Leave _____ Initial _____

Human Resources: Approved _____ Denied _____ Initial _____

Distribution: **Payroll** **Human Resources** **Employee** **Site**

INSTRUCTIONS TO EMPLOYEE

1. This form should be completed the day you return to work from any absence other than illness. The certification for an illness absence is made on the monthly time sheet.
2. In the Remarks section of this form, give the information required and attach documentation, if required.
3. Please familiarize yourself with the contract provisions or policies so that you know their content. Contracts are available at each school and department. If you have any questions about your leave, ask your principal or department head or call the Human Resources department.
4. Personal Necessity Leave allows the use of ten (10) days of sick leave per year, under certain circumstances. Advanced permission may be required. If Personal Necessity is denied, the salary adjustment will be made the following month.

8.6 Personal Necessity Leave

At the election of the employee, for circumstances that are serious in nature and which cannot be dealt with during off-duty hours, credited days of full compensation sick leave may be used for an authorized leave of absence.

- 8.6.1 Ten (10) days of credited sick leave may be used for personal necessity leave in any one school year.
 - 8.6.2 In extraordinary circumstances, the Superintendent or his/her designee may approve the use of additional days of accumulated sick leave for a matter of personal necessity.
 - 8.6.3 Examples of reasons for which personal necessity leave shall not be used are:
 - 8.6.3.1 political activities or demonstrations
 - 8.6.3.2 vacation, recreation, or social activities
 - 8.6.3.3 civic or organization activities
 - 8.6.3.4 employee association activities
 - 8.6.3.5 occupational investigation
 - 8.6.4 An employee shall secure advanced permission, not less than five (5) workdays prior to the beginning day of leave, using the district prepared Permission Form, to use personal necessity leave in all cases except.
 - 8.6.4.1 Death or serious illness or accident involving a member of the employee's immediate family.
 - 8.6.4.2 Accident involving the property of the employee or of a member of the employee's immediate family living in the employee's household, and even in these exceptions, the employee shall make every reasonable effort to notify the immediate administrator.
 - 8.6.5 Consistent with the above provisions, an employee may use personal necessity leave for the observance of religious holidays of a well recognized religious sect or denomination provided these holidays occur on days which he/she would otherwise be required to work. The approval of sects or denominations qualifying for use of personal necessity leave under this paragraph shall be at the discretion of the Board or the Superintendent.
 - 8.6.6 Consistent with the above provisions an employee may use personal necessity leave for matters of significant family importance, i.e. family illness, weddings, graduations, etc.
- 8.9 With the approval of the employee's supervisor and the Superintendent or designee, an employee may take additional leave to attend to matters of significant personal importance and will reimburse the district for the cost of a substitute for that position. Leave taken under this provision shall not be deducted from the employee's available sick leave or personal necessity leave. Except in extraordinary circumstances, an approval to use leave under this section shall be secured not less than ten (10) workdays prior to the beginning day of the leave, using the appropriate district form. The approval by the Superintendent or designee shall be final.