**REPORT OF ABSENCE**

*NOTE: This form is to be turned in to your Supervisor/Administrator for each absence and will constitute authority for paying sick leave benefits. This form may be filled out in advance,* ***but must be filled out by the day you return to work.***

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Absences Total Days Absent were due to: Date(s) Absent (½ day increments)**

☐ Sick Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Personal Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Paid Parental Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Vacation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Leave Without Pay ($25.00 fee) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Professional Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

☐ Bereavement Leave \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 (include relationship and date of funeral)

Explanation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reminders:

* *The time accrued for sick leave shall be (1) day for each month of employment during the school year and shall accumulate for an unlimited number of days.*
* *Certified employees shall earn personal leave at the rate of two (2) days per year.*
* *Classified employees shall earn one (1) personal day per year.*
* *Any personal leave remaining unused at the end of the year shall be credited to sick leave.*
* *Sick leave shall be defined as: illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher’s wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother in law, father in law, daughter in law, son in law, brother in law, and sister in law, step children, foster children, and any person under legal custodial care.*

Bereavement

* Three (3) days shall be granted for the death of a spouse, child, stepchild, parent or step parent. These days shall be the day of the funeral and the days immediately preceding and following the funeral; and
* One (1) day shall be granted for the death of a brother, sister, father in law, mother in law, brother in law, sister in law, son in law, daughter in law, grandchildren, step grandchildren, grandparents or step grandparents.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee Signature Principal/Supervisor Signature

To Be Completed by Supervisor:

Sub Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Worked:\_\_\_\_\_\_\_\_

Manager/Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_