**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School (Check One):** ☐**DHS** ☐**DIS** ☐**DMS** ☐**DPS** ☐**CSC** ☐**CO** ☐**Maint**

 **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.*

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

Employee Signature Building Supervisor Signature

To Be Completed by Supervisor:

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

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