

Opp City Schools – Employee Absence Form

Employee Name

Total Days Absent

List Dates Absent

SICK LEAVE

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Personal illness or bodily injury which incapacitated the employee.

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Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, adopted child, brother, sister) of the employee or a person standing in loco parentis.

☐

Death in the immediate family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, nephew, niece, granddaughter, grandson, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandfather, grandmother, uncle or aunt).

☐

Death, injury or sickness of another person who has unusually strong personal ties to the employee.

EXCUSED ABSENCE FOR SCHOOL BUSINESS – Describe below.

Professional Development ☐

Other School Business ☐

☐

UNPAID Personal reasons for which I do not expect pay. Please initial.

OTHER LEAVE

☐

PERSONAL LEAVE – 2 free days per year

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PERSONAL LEAVE – Purchase additional day (maximum of 3 per scholastic year).

☐

COMP TIME – Requires prior approval – Supervisor signature

☐

JURY DUTY – Must attach copy of the jury summons request.

☐

ON THE JOB INJURY

☐

VACATION (12-month employees)

☐

MILITARY LEAVE

Employee Signature

Principal/Supervisor Signature

PARENTAL LEAVE*

MOTHER

☐

FATHER

☐

ADOPTION

☐

*Required forms must be filled out with the Central Office/HR.

I substituted for _____ for a period of _____ day(s)

Beginning _____ Signature of sub _____