



**Adelanto Elementary School District**

**Absence Report**

**Location:** \_\_\_\_\_

<b>PRINT OR TYPE FULL NAME</b>	<b>CHECK APPROPRIATE BOX:</b> This is to certify I: <input type="checkbox"/> was <input type="checkbox"/> will be absent from work		
<b>Last 4 of SS#:</b> _____	<table style="width:100%;"> <tr> <td style="width:60%;"><b>Dates of Absence:</b> _____</td> <td style="width:40%; text-align: right;">Making a total of: Hours _____</td> </tr> </table>	<b>Dates of Absence:</b> _____	Making a total of: Hours _____
<b>Dates of Absence:</b> _____	Making a total of: Hours _____		

**My Absence Was Due To:**

1. _____ Hour(s) -	<p><b>ILLNESS LEAVE:</b> Article 9.12A, Administrative Regulation 4261.1 After 3 consecutive days of absence, verification of leave may be required. FMLA and/or CFRA approved leave</p>
2. _____ Hour(s) -	<p><b>PERSONAL NECESSITY LEAVE:</b> Article 9.7 Sick Leave Deduction – Reasons 9.7 (A).(1 – 7). Maximum of <u>7</u> days/school year. 48 hours advance notice unless of an emergency nature. Request made to immediate supervisor. Supporting evidence may be required. FMLA and/or CFRA approved leave</p> <p><b>Reason:</b> <input type="checkbox"/> Bereavement (Additional) <input type="checkbox"/> Accident – Immediate Family  <input type="checkbox"/> Court/Witness/Court Ordered <input type="checkbox"/> Family Member Illness  <input type="checkbox"/> Appointment – Employee or Family <input type="checkbox"/> Funeral Service (In Addition to Bereavement)  <input type="checkbox"/> Regularly Scheduled School Activity</p>
3. _____ Hour(s) -	<p><b>PERSONAL BUSINESS:</b> Article 9.9. Sick Leave Deduction. No more than <u>5</u> days/school year, only 3 can be consecutive. 48 hours advance notice when possible.</p>
4. _____ Hour(s) -	<p><b>BEREAVEMENT:</b> Article 9.10. Up to 5 days granted. No Sick Leave Deduction. <i>The District may request verification of the employee's immediate family relationship or attendance of services.</i></p> <p>Specify relationship of deceased: _____</p>
5. _____ Hour(s) -	<p><b>PERSONAL LEAVE:</b> Article 9.8. Prior Approval Required. Will result in payroll dock. A written request shall be filed.</p>
6. _____ Hour(s) -	<p><b>JURY OR WITNESS SERVICE:</b> Article 9.1. Must submit court receipt and reimburse District.</p>
7. _____ Hour(s) -	<p><b>UNION RELEASE TIME:</b> Two work days advanced notice to immediate supervisor when possible.</p> <p style="text-align: center;">Negotiations/Interview Panel      Other Union Business</p>
8. _____ Hour(s) -	<p><b>OTHER REASONS:</b> Civic duty, etc.</p>
9. _____ Hour(s) -	<p><b>SCHOOL BUSINESS:</b> TIC, SST, Conf., IEP, etc.</p>
10. _____ Hour(s) -	<p><b>VACATION:</b> Scheduled in advanced with approval of the immediate supervisor.</p>
11. _____ Hour(s) -	<p><b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE:</b> Article 9.4</p>

I understand that payments and/or deductions are processed in accordance with State Laws and District Policies.

Today's Date: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SITE OR DEPARTMENT SECRETARY WITHIN 24 HOURS OF YOUR ABSENCE OR YOUR PAYCHECK WILL BE DOCKED.**

<b>INDUSTRIAL ACCIDENT OR ILLNESS LEAVE</b>		
<input type="checkbox"/> Pending Claim (Sick Leave Deduction)	<input type="checkbox"/> Accepted Claim (60 Days IAL)	<input type="checkbox"/> Verification Received
Risk Management Approved: _____		Date: _____

**PRIOR APPROVAL REQUIRED:**  Approved  Denied

I certify that I have evaluated the preceding absence information and find it to be correct.

Today's Date: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

Substitutes and Dates: \_\_\_\_\_  
 \_\_\_\_\_