

Indian Diggings School

Classified Employees

Absence Report

Name _____ Sub Needed? Yes No

Absence Dates _____ Name of Sub _____

Number of Days/Hours _____

If Partial Day: Time arrived: _____ Time left: _____

SICK LEAVE (Charged Against Sick Leave)

Sickness or Medical Appointment

Personal Necessity

Preapproved when possible. Charged against sick leave for not more than 7 days per school year.

- Serious illness of a member of immediate family.
- Accident involving person or property of employee or a member of employee's immediate family.
- Extension of bereavement leave.
- Bereavement not covered by bereavement leave.
- Appearance in court as a litigant or as a witness under subpoena. Attach paperwork.
- Personal business of a serious nature which the employee cannot disregard.
- Inability to get to assigned place of duty because of circumstances beyond employee's control, such time being not less than one full day of leave.

Vacation *Superintendent Preapproval Required*

Bereavement: Relationship to Deceased: _____
For members of immediate family. Not to exceed three (3) days, or five (5) days if exceeds 300 miles one-way travel required.

Jury Duty Attach proof of service.

Industrial Leave Accident report filed on date: _____

Compensatory Time Off *When used for vacation: Superintendent Preapproval Required*

Meeting Conference *Superintendent Preapproval Required*

Organization: _____

Location: _____ Submit Conference Request Form

Leave Without Pay *Superintendent Preapproval Required*

I affirm with my signature that the above information is true and correct.

Employee Signature _____

Date of Request _____

Superintendent _____

Date _____

Return to school office for payroll reconciliation.