

# ABSENCE CERTIFICATION REPORT

Employees shall complete this form immediately upon return to work after any absence(s). The form will be left on file in the office the appropriate principal or department head.

(Employee To Fill in This Portion)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
Last First MI

School or Department: \_\_\_\_\_

Work Assignment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Date(s) of Absence(s): \_\_\_\_\_

Reasons for Absence(s): \_\_\_\_\_

(Use codes listed on Page 2)

If reason for absence(s) was personal illness, is a physician's statement being provided?

Yes  No

My signature below certifies the accuracy of the information provided on this form. I understand that the use of sick leave, with or without pay, for reasons other than personal illness, except as provided by District Policy, is a violation of Board Policy.

\_\_\_\_\_  
Signature of Employee

Reason for absence reviewed by supervisor.

\_\_\_\_\_  
Signature of Principal or Department Head

## ABSENCE TYPES

**BEREAVEMENT** – The occurrence of death in the family (including in-laws).

**“BI”** – Bereavement Immediate includes:

Spouse, son, son-in-law, step-son, daughter, daughter-in-law, step-daughter, mother, mother-in-law, step-mother or guardian/in loco parentis, father, father-in-law, step-father or guardian/in loco parentis, grandparents, step-grandparents, sister, step-sister, brother, step-brother, ward or other relative living in the household at the time of illness/death.

**“BE”** – Bereavement Extended includes:

Aunt, uncle, cousin, siblings of sisters-in-law or brothers-in law, niece, and nephew.

### **ILLNESS**

**“SB” PERSONAL BUSINESS** – There are basically two categories of personal leave; (1) 72-hour notice, and (2) waiver of 72-hour notice. See policy for restrictions on use at the beginning and ending of school and in connection with holidays.

**“SP” FAMILY ILLNESS**           Illness in the immediate family.

**“SJ” INJURY ON THE JOB**       Absences due to a work-related injury.

**“SP” PERSONAL ILLNESS**       Illness, injury or disability incapacitating the ability to perform the duties of the position; medical or dental examinations.

**“Use”** of sick leave, with or without pay, for reasons other than personal illness, except as provided by other Board policies, shall be cause for dismissal.”

### **JUDICIAL**

**“CD” COURT APPEARANCE FOR DISTRICT**   Court Appearance for District Subpoenaed to serve as a witness on school or District business.

**“JD” JURY DUTY**                                   Subpoenaed to serve on jury duty.

### **LEAVE WITHOUT PAY**

**“AU” UNAPPROVED ABSENCE**                   Unapproved absence without pay

**“AW” ABSENCE APPROVED WITHOUT PAY**   Approved time off from work (1 or 2 days) with advance supervisor approval, but will be docked from pay.

**“LW” SHORT LEAVE WITHOUT PAY**           Approved short leave (1 or 2 weeks) with deduction of pay (requires advance approval at Superintendent level).

**“SW” SICK WITHOUT PAY**                     Employee illness requiring time off from work, but PERSONAL ILLNESS LEAVE is already exhausted.

### **FAMILY AND MEDICAL LEAVE ACT (FMLA)**

<b>“FS” FMLA</b>	Personal sick leave	allowed up to 12 weeks (60 days)
	Illness in family	for each qualifying event
	Unpaid leave	

### **OTHER**

**“AL” ADMIN.LEAVE**                           Administrative leave with pay approved at the Superintendent level

**“MI” MILITARY DUTY**                     Employee leave for the purpose of attending camp with the employee’s military unit.

**PROFESSIONAL TRAINING (“PT”)**       For the purpose of improving competency in teaching or administrative duties.

### **VACATION (“VA”)**

Vacation for twelve month employees.