

CLASSIFIED ABSENCE REPORT

NAME OF EMPLOYEE (PLEASE PRINT) _____

*****This information is to be completed and sent to the Human Resources Department*****

I was/will be absent from my assignment on _____ due to the following reason(s):
Date(s) & Hours

___ MY PERSONAL ILLNESS (illness, medical/dental appointment, exposure to contagious disease, personal injury)
Circle One

___ PERSONAL NECESSITY "REASON REQUIRED" – (reference CSEA contract Article 9, Leave section) _____
Please provide specific reason

___ PERSONAL NECESSITY "NO-TELL" - (reference CSEA contract Article 9, Leave section)

___ FAMILY SICK LEAVE – (reference CSEA contract Article 9, Leave section) **Family Member:** _____
(Example: Mother, Father, etc. - See Definition of Terms)

___ JURY DUTY (Attach Proof of Service)

___ BEREAVEMENT – (up to five (5) working days) **Immediate Family Member:** _____
(Example: Mother, Father, etc. – See CSEA Contract Definition of Terms)

___ BEREAVEMENT (PNL) - (CSEA contract Article 9, 9.7.1); *close friend and/or extended family*, three (3) PNL days off
(reference CSEA contract Article 9, 9.4.3.1)



JOB # _____ **Substitute Needed?** **YES** **NO**

PRIOR SUPERVISOR APPROVAL NEEDED FOR: 11 & 12 month employees ONLY

___ VACATION LEAVE – Date(s) _____ **Substitute Needed?** **YES** **NO**

___ COMP TIME – Date(s) _____ **Substitute Needed?** **YES** **NO**

THE ABOVE INFORMATION IS TRUE AND CAN BE VERIFIED.

Employee Signature

Date

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Leave: Granted: _____ Denied _____

Principal or Supervisor

Date