

# SEELEY UNION SCHOOL DISTRICT

## ABSENCE REQUEST FOR LEAVE

This form must be submitted at least 24 hours prior to taking a scheduled day off. If an unscheduled absence occurs, this form must be turned in no later than two business days after returning to work. Absence forms must be submitted for all employees on long and short-term leaves.

### ABSENCE INFORMATION

Employee Name: \_\_\_\_\_ SSN XXX-XX-

Certificated  Request Substitute  Classified  Position: \_\_\_\_\_

# of Day(s) Requested \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Total Hours \_\_\_\_\_

#### REASON FOR LEAVE

- Sick Leave
- Illness of Child, Parent, Spouse (No more than 7 days of accumulated sick leave per year.)
- Bereavement Leave  
List Relationship \_\_\_\_\_
- Jury Duty (Attach Summons)
- Workers' Compensation (Attach Dr's note. Pre-approval required for follow-up appointments.)

#### LONG TERM LEAVE

(Contact the Payroll office for further documentation required 30 days in advance of leave request or as soon as practical in an emergency situation.)

- Maternity Leave  
List Relationship \_\_\_\_\_
- Family Care & Medical Leave  
Expected Return Date \_\_\_\_\_

#### PERSONAL NECESSITY LEAVE

Prior to approval of Personal Necessity Leave, contact payroll to ensure employee has accumulated sick leave benefits to cover the absence. No more than 7 days of accumulated sick leave shall be used per year.

- STAR DAY (Limit 2 Days per Year)
- Death/Serious Illness of Immediate Family Member  
List Relationship \_\_\_\_\_
- Accident to Person/Property
- Emergency
- General Reason  
Explanation \_\_\_\_\_

#### REASON FOR LEAVE (Requires Pre-Approval)

- School Business  
List Workshop \_\_\_\_\_
- Leave Without Pay
- Vacation (Classified 12 month employees only)

#### SUBMISSION REQUEST

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

- APPROVED
- DENIED

### ABSENCE VERIFICATION (COMPLETE UPON RETURN)

Actual # of Day(s) \_\_\_\_\_ From \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ To \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Total Hours \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments \_\_\_\_\_

SUBSTITUTE'S NAME: \_\_\_\_\_

<b>PAYROLL OFFICE USE ONLY</b>	
Posted in ICSIS _____	
<b>Employee Absence Update</b>	
<input type="checkbox"/> _____ # of HRS	
<input type="checkbox"/> N/C	<input type="checkbox"/> 1.5 HOURS
<input type="checkbox"/> ½ DAY	<input type="checkbox"/> FULL DAY

Select only one box from either category.