

# NOTICE OF ABSENCE/REQUEST FOR LEAVE

EMERGENCY

CALL-INS

PRE-APPROVED

**TYPE OF LEAVE:**  Vacation  Personal Necessity  Bereavement  
(*please check one*)  Sick/Illness  Personal Business (*free day*) Relationship of Deceased: \_\_\_\_\_  
 Non-Paid\*  Comp Time Used City/State: \_\_\_\_\_  
 Military\*  Worker's Comp \*\*  Other: \_\_\_\_\_  
 Jury Duty\* (*approved injury claims only*)\*\* \* *requires documentation/approval*

**NAME:** \_\_\_\_\_ **DEPT:** \_\_\_\_\_

Administrator  Classified  Confidential Mgt

**DURATION OF ABSENCE:** (*all employees should fill out*)

Date(s): \_\_\_\_\_

Hours Per Day: \_\_\_\_\_

**TOTAL DAYS:** \_\_\_\_\_ **TOTAL HOURS:** \_\_\_\_\_

**EXPLANATION** (*if necessary*): \_\_\_\_\_

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

\_\_\_\_\_  
Supervisor's Review/Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Call-In notification received by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## PRE-APPROVED INSTRUCTIONS

This box should be checked when the absence is planned. The employee requesting time off should complete all relevant information, sign and date the form, forward to his/her supervisor for approval, and then forward the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded immediately upon receiving approval.

## CALL-IN ABSENCE INSTRUCTIONS

Absences should be reported within 30 minutes of the start of the employee's shift or scheduled class and no later than 30 minutes after the start of the shift or scheduled class, and must include the type of leave and the anticipated length of the absence. The person who receives the call should record all pertinent information on the form, sign and date where "Call-In notification received by" is indicated, forward the completed form to the employee and supervisor for signature, and then send the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded immediately after receiving any call-in. Supervisors should report any absences exceeding three (3) days to the Human Resources Office. The Human Resources Office will contact the employee to discuss options for extended leaves for absences exceeding three (3) days.

## EMERGENCY INSTRUCTIONS

This box should be checked when the absence is unplanned (i.e., left work due to illness, family emergency, etc.). The employee should complete all relevant information, sign and date, forward to his/her supervisor for review, and then forward the original to Human Resources and a copy retained by the originating department. This form should be completed and forwarded prior to absence. If prior completion is not possible, it should be completed immediately upon return to work.

## DESCRIPTION OF LEAVES

### PERSONAL NECESSITY LEAVE

Staff members may use a maximum of six days (faculty/administrators) and seven days (classified/confidential/management/supervisory) in any school year, with full remuneration, for reasons of personal necessity. Such leave shall be charged to accumulated sick leave. Said leave is non-accumulative.

Staff members may take (2) additional calendar days per year for personal necessity that shall not be deducted from sick leave or salary. This day may be used any time, but may not be split. The personal business box shall be checked to reflect when this additional day is being used.

### BEREAVEMENT LEAVE

Staff members shall be granted necessary leave of absence not to exceed three (3) days for intra-state and five (5) days for out-of-state bereavement because of the death of any person related by blood or marriage to the staff member or the spouse or domestic partner of the staff member, or other adult who has had the primary responsibility for raising or care of the staff member.

### VACATION LEAVE

#### Faculty, Administrator, and CMS

Staff members may not accumulate more than two years allocation of vacation days (44 days). Staff members who have accumulated more than 44 vacation days will be entitled to use their 22 days vacation per year; however, any of those 22 days from the previous year not used by August 31<sup>st</sup>, will not be accumulated and carried over to the following year. Staff members exceeding the maximum shall each year strive to schedule vacation to include at least 10% of the excess days in order to be in compliance with this policy as soon as is reasonably possible.

#### Classified

Vacation leave may be accrued by staff members to the limit of the number of days which represents the equivalent of earned vacation for a period of two (2) years. (Maximum earned vacation time allowed would be 44 days for a 20-year unit member.)

A review of unit member's vacation accrual will occur on June 30 of each year. Any unit member who has accumulated vacation days in excess of the 2-year maximum allocation will have his/her vacation balance reviewed on a monthly basis and will not receive an allocation until his/her cap has been reached. At that time, the days will be allocated through the remainder of the year.

### EXTENDED LEAVES

In order to assure timely pay schedules, all extended leaves (in excess of three 3 days) should be directed to Human Resources. The Human Resources Office will inform you of your options and provide the Payroll Department with the appropriate paperwork to ensure timely compensation.

### NON-PAID LEAVES

All requests for non-paid extended leaves will require the approval of Human Resources and the Board of Trustees.

**If you have questions on how to fill out this form, please contact Human Resources at x6311.**