

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 People, Culture, and Talent (HR) 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

Bereavement Leave - Every unit member shall be granted a leave of absence not to exceed five (5) days because of the death of any member of the unit member immediate family. Member(s) of the immediate family means the mother, father, grandmother, grandfather, or grandchildren of the unit member, or of the spouse, or registered domestic partner, son, son-in-law, daughter, daughter-in-law, brother, or sister, of the unit member, or any relative living in the immediate household of the unit member. If requested, to confirm the need for bereavement leave the Office of Human Resources and Employee Relations may request appropriate documentation (such as a death certificate; a published obituary; or verification of death, burial, or memorial services from a funeral home). Bereavement leave must be taken within three (3) months of the date of death

VACATION LEAVE

Vacation leave may be accrued by unit members to the limit of the number of days which represents the equivalent of earned vacation for a period of two (2) years. (Example: Maximum earned vacation time allowed would be 44-days for a 20-year unit member) A review of unit member's vacation balances will occur on or before July 31st. Any unit member who has accumulated vacation days in excess of the 2-year maximum allocation will have their vacation balance reviewed on a monthly basis and will not receive an allocation until the cap has been reached. At that time, the days will be allocated through the remainder of the year.

Vacation shall be scheduled with the mutual agreement of the unit member and their supervisor. Unit members shall use vacation time within twenty-four (24) months of the period that vacation time accrued.

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 Superintendent/President and the Board of Trustees.

If you have questions on how to fill out this form, please contact People, Culture, & Talent (HR) at ext. 6311.