

CHECK ONE:
 Original Request
 Corrected Request

CAUSE OF ABSENCE

NAME _____ SCHOOL/DEPARTMENT _____

POSITION _____ GRADE _____ SUBJECT _____ SUBSTITUTE REQUIRED? YES NO

(Check as applicable) Certified Classified Contract Hourly

ORIGINAL REQUEST

I hereby certify that my absence on the following date(s) _____, totaling _____ days, and _____ hours (was) (will be) due to:

Please place an "X" in the appropriate box

- * Paid Time Off ("PTO") School Business
- ** DIF / Bereavement Professional Leave
(Relationship) _____ (Details) _____
- Jury Duty (attach court verification) Military Leave (please attach official orders)
- Other _____

CORRECTED REQUEST

Cancel absence for (give date) _____ Type of Absence _____

Change absence for (give date) _____ Type of Absence _____

Comments: _____

SIGNATURE OF EMPLOYEE _____ Date _____

SCHOOL OFFICE USE Approved Not Approved
 (Pay will be docked for absences not approved by the Administrator.)

COMMENTS: _____

DATE _____ SCHOOL/DEPT _____

Administrator Signature _____

HUMAN RESOURCES OFFICE USE

By _____

Comments _____

Instructions for Completing "Cause of Absence" form:

- * 1. Paid Time Off ("PTO") should be scheduled and approved by the staff member's supervisor when possible. When an employee has a pattern of multiple unscheduled absences or three (3) or more consecutive days of unscheduled absences, the supervisor may require documentation to determine if the time away from work falls under another leave type including but not limited to FMLA. In general, however, the employee has the responsibility to provide any appropriate documentation that affects his/her attendance.
- ** 2. A total of three (3) bereavement days may be granted to an employee for the death of an immediate family member for each **in-state event**. A total of five (5) bereavement days may be granted to an employee for the death of an immediate family member for each **out-of-state event**. A maximum of ten (10) days per year, charged against accumulated PTO, may be used for the death of a family member. Additional days may be granted at the discretion of the Superintendent. In all cases in the use of Bereavement Leave, the employee may be required to submit documentation related to the absence.
- 3. This form must be completed and submitted to Human Resources at least 3 work days prior to absences due to Professional Leave, Military Leave and Other. A copy of the official orders must be attached for Military Leave absences.
- 4. Submit all copies to the Office of Human Resources. Copies will be returned to the Principal or Department Head and the employee.