

CLASSIFIED ABSENCE REPORT

NAME OF EMPLOYEE (PLEASE PRINT) _____

This information is to be completed when the employee returns and sent to:

- Human Resources Department: **for Vacation & Union Release Time ONLY.**
- Payroll Department: **for all other reasons listed below.**

IF THE FORM IS NOT SENT, pay deduction will be made regardless of the reason for the absence(s).

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

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

____ PERSONAL NECESSITY "REASON REQUIRED" – (reference CSEA contract Article 9, Leave section) _____ Describe

____ 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 – (**Immediate family**, 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, if available; CSEA contract Article 9, 9.4.3.1)



JOB # _____

Substitute Needed? YES NO

PRIOR APPROVAL NEEDED FOR:

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

____ OTHER (specific) – Date (s) _____

THE ABOVE INFORMATION IS TRUE AND CAN BE VERIFIED.

Employee Signature

Date

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Leave: Granted: _____ Denied _____

Principal or Supervisor

Date