



CERTIFICATE OF ABSENCE

Employee No. _____

PP _____

Employee Name _____

School or Office _____

Administrator Approval _____

Signature of Absentee _____

Date _____

Instructions: This form must be filed with payroll clerk: one form for each pay period.

| CAUSE | CODE | DATES ABSENT | HOURS | CAUSE | CODE | DATES ABSENT | HOURS |
|---|------|--------------|-------|--|------|--------------|-------|
| SICK LEAVE Full pay. | 180 | | | VACATION Full Pay. | 170 | | |
| PERSONAL NECESSITY Full pay. Charge to Sick leave Allowance. | 300 | | | MATERNITY LEAVE Full pay. DOB _____ | 960 | | |
| COMPELLING PERSONAL REASONS (Prior approval required.) Charged to Personal Necessity Leave Allowance. | 320 | | | PERSONAL LEAVE Half pay. | 260 | | |
| STATUTORY ILLNESS Half pay maximum 100 days. More than 4 days require prior approval. | 190 | | | IMMINENT DEATH Full pay. Maximum 2 days per FY. | 242 | | |
| INDUSTRIAL ACCIDENT/ ILLNESS Up to full pay. Maximum 60 days per accident/illness. | 330 | | | BEREAVEMENT LEAVE Full pay. Maximum 3 days per death. Up to 2 additional days travel time. | 240 | | |
| SUBPOENA BY COURT Full pay. | 270 | | | MILITARY LEAVE OF ABSENCE Needs Board Approval. | 230 | | |
| JURY DUTY Full pay. | 280 | | | OTHER UNPAID LEAVE Without pay. Board approval required for more than 4 hours. | | | |
| COMPENSATING TIME OFF For overtime worked. | 291 | | | CONFERENCE/RELEASE TIME/ OTHER LEAVE at full pay. | | | |