

**WESTERN PLACER UNIFIED SCHOOL DISTRICT
ABSENCE FORM**

Name of Employee _____ Work Site _____

Date(s) of Absence _____ Job Title(s) _____

Classified: Total # of Hours Absent _____
(If out more than one day or for multiple reasons, please be specific and indicate total hours used.)

Certificated: Number of Days Absent _____
(If out more than one day for multiple reasons, please be specific and indicate total days absent)

Substitute Required: Yes No

Substitute's Name: _____

ABSENCE REASON:

(If out more than one day for multiple reasons, please put date of absence by reason)

- Employee Illness
- Employee Doctor Appointment
- Family Member Illness or Dr. Appt.
- Vacation (Classified 12 month only)
- Personal Necessity *(Personal Necessity leave will be used in increments of no less than two hours or the employees' entire shift if the employees' shift is two (2) hours or less.) (Classified)*

Other _____

Worker's Compensation
(Up to 60 Days Not Taken From Sick Leave)

Jury Duty/Court Subpoena
(Attach copy of Summons. Fees received, less expenses, must be turned into the Business Services Dept. Not Taken from Sick Leave)

District/School/Department Business

Negotiations Conference/Workshop _____ Other _____

BEREAVEMENT: Immediate Family Only**

Bereavement: Relationship _____
3 day limit

Bereavement: Relationship _____
Location: _____
5 day limit out-of-state or further than 300 miles

None of Above Taken From Sick Leave

****Members of the immediate family means the mother, father, grandmother, grandfather, or a grandchild of the employee or of the spouse of the employee, and the spouse, son, son-in-law, daughter, daughter-in-law, brother, or sister of the employee, or any relative living in the immediate household of the employee.**

(Classified Ed code 45194 & Certificated Ed code 44985)

BEREAVEMENT: Non-Immediate Family/Close Friend

Up to a maximum of three (3) times per fiscal year. Employees should attend work prior to and after the funeral where feasible when the funeral is not out of the area.

Bereavement (Classified)

If we receive an absence form with no absence reason, we will assume the employee was out for personal necessity.

I CERTIFY THE ABOVE TO BE A TRUE AND ACCURATE ACCOUNT OF MY ABSENCE(S).

Signature of **Employee**: _____

Date: _____

Authorizing Signature: _____

Date: _____

Authorizing Signature: _____

Date: _____

NOTE: We monitor absences closely and strongly enforce absence policies. Accuracy of leave balances is based on absence forms received and processed prior to payroll processing. It is the responsibility of the employee to keep an accounting of leave balances and not to exceed the allowable number of days to be used for sick leave, personal necessity (up to 7 days, deducted from available sick leave), family illness (up to 10 days, deducted from available sick leave) vacation, etc. Should the allowable number of days be exceeded, the employee's next salary warrant shall be docked accordingly.