

# Certificated

## Shoreline Unified School District Certificated Employee Absence Report

Employee Name: \_\_\_\_\_ Absence for Month / Year: \_\_\_\_\_

Substitute Name: \_\_\_\_\_

This form must be **filled out by the employee** immediately upon return from any absence. Leave shall be granted to each unit member at the rate of ten (10) days per year for absence due to accident, illness, quarantine, or medical appointments. Part-time unit members shall be entitled to that portion of leave as the assignment bears to a full-time position. Section 10.2.1.1 For further details refer to SEA contract section 10.2 - 10.3

### DEDUCTION FROM SICK LEAVE

**6 hrs = 1 FT Teacher Day** \*\*No more than 7 days of sick leave may be used for personal necessity (PN) Section 10.2.5\*\*

Hours	Date(s) of Absence	Reason for Absence	Contract	Description/Comments
		Employee Illness	10.2.1	
		Days taken for death in family beyond that granted in 10.2.4.1	10.2.4.3 PN	See bereavement leave below
		Accident or illness involving person, or member of immediate family	10.2.5.1a PN	
		Personal property emergencies such as flood, theft, or disaster to property	10.2.5.1b PN	
		Personal legal matters such as appearance in court as a litigant, or attorney appointments*	10.2.5.1c PN	
		Personal Business that can only be done during regular business hours*	10.2.5.1d PN	
		Other personal necessity at discretion of employee (4 days max.)* "No Tell"	10.2.5.1e PN	
	<b>Total hours</b>	*Requires prior approval		

### NO DEDUCTION FROM SICK LEAVE OR SALARY

Hours	Date(s) of Absence	Reason for Absence	Contract	Description/Comments
		Accident while on the job Worker's Comp. Accident report required within 24 hours	10.2.2	
		<b>Bereavement Leave:</b> Death in immediate family; 3 days max; 5 days if more than 350 miles of one-way travel is required	10.2.4.1	Please state family member relation to employee:
		Jury Duty or subpoenaed witness	10.2.7	Attach verification of service or appearance, not summons or badge.
		Association representatives shall have a combined total of ten (10) days per year to participate in Association business *	10.2.8	
		Earned compensatory time*		
		Conference/Workshop/Athletics or other District related business*		
		Vacation		<b>Administrators only</b>
	<b>Total hours</b>	*Requires supervisor's approval		

*I hereby certify that the above information is accurate and shall not be revised.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I hereby certify that to the best of my knowledge this employee was absent from duty for the reasons stated above.*

Principal/Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### For District Office Use DEDUCTION FROM SALARY

Hours	Date(s) Absent	Reason for Absence	Contract	Amount Deducted from Salary
		Excess use of sick leave		
		Personal business or other unauthorized absence; leave not defined in contract		
		Differential	10.2.1.3	