

Classified

Shoreline Unified School District Classified 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. CSEA Contract Section 12.9.5
 Full-time 12 month employees are entitled to twelve (12) days of leave with full pay for each school year for purposes of personal illness or injury. Part-time employees are entitled a pro-rated portion of the twelve (12) days based on the percentage of their position in relation to full-time employment. Section 12.1.3 and 12.2.3 For further details refer to CSEA contract section 12.2 – 12.12

DEDUCTION FROM SICK LEAVE

No more than 7 days of sick leave may be used for personal necessity (PN) Section 12.5.1

Hours	Date(s) of Absence	Reason for Absence	Contract	Description/Comments
		Employee Illness	12.2.1	
		Days taken for death in family beyond that authorized in the Article 12.4.1	12.5.1.1 PN	<i>See bereavement leave below</i>
		Accident or emergency involving person, property, member of immediate family	12.5.1.2 PN	
		Court appearance as litigant or official witness	12.5.1.3 PN	
		Personal Business that can only be done during regular business hours	12.5.1.4 PN	
		To provide care for ill member of immediate family	12.5.1.5 PN	
		Other personal necessity at discretion of employee (4 days max.)* "No Tell"	12.5.1.7 PN	
		*Requires prior approval		
	Total hours			

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	12.3	
		Bereavement Leave: death in immediate family; 3 days max; 5 days if more than 350 miles of travel	12.4.1	Please state family member relation to employee:
		Jury Duty or subpoenaed witness	12.6	Attach verification of service or appearance, not summons or badge.
		Military Reserve Duty	12.7	Attach copy of Military orders
		Earned compensatory time*		
		Conference/Workshop/Athletics or other District related business*		
		Vacation / Non Duty	12.1	12 month employees only
		*Requires supervisor's approval		
	Total hours			

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	12.2.7	