

# CLASSIFIED EMPLOYEE ABSENCE FORM

(Individual Contract Employees)

NAME: April Schmidt LOCATION: DO DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ EMP #: 008056 POSITION: Admin. Assit. to Dir. of HR

## TYPE OF ABSENCE:

☐ Personal ☐ Child\* Sick Leave

*\*Child Under 18 or Under 20 attending secondary school*

☐ Family Sick Leave (check your contract - not applicable to all units)

Relationship: \_\_\_\_\_

☐ Bereavement Leave

Relationship: \_\_\_\_\_

☐ Vacation (check your contract - not applicable to all units)

☐ Incentive Day (attach copy of your award letter)

☐ Floating Holiday (check your contract - not applicable to all units)

☐ Professional Leave

☐ Jury Duty - (Check your contract)

*You must reimburse the district if you receive payment for serving.*

☐ Personal Leave/Reason (check your contract)

Reason #: \_\_\_\_\_

☒ Personal Leave/No Reason -

*Check you contract - not applicable to all units.*

☐ Other-This box indicates absence is with **NO PAY**.

Explain: \_\_\_\_\_

Reason: Personal Day

Date(s) Absent: December 26

Total Days Absent: 1 day

**NOTE:** If you would like to keep a copy of your absence request, please make a copy before submitting this form to your immediate supervisor. Copies will not be returned to the employee unless denied. Please log into Skyward to view status.

**FOR APPROVAL AND PAYROLL USE - DO NOT WRITE BELOW THIS LINE**

## SUBSTITUTE INFORMATION

Substitute: ☐ Yes ☒ No

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

Supervisor's Signature: \_\_\_\_\_

Absence Approved: ☐ Yes ☐ No Date: \_\_\_\_\_

Absence with Pay: ☐ Yes ☐ No If no, hrs docked: \_\_\_\_\_ Amt. Docked: \$ \_\_\_\_\_

Director of Human Resource Signature: \_\_\_\_\_