

**Employee Signature** 

## MEADOWS UNION SCHOOL DISTRICT

## **ABSENCE FORM**

This document shall be used as part of the School Site/Department established reporting procedures for approving and documenting some leaves of absence. Please complete this form as far in advance of the anticipated absence as possible. Verification of absences may be required. Other leaves may be available that are not covered by this form. Please contact the District Office if your leave encompasses your own or a family member's personal serious health condition, pregnancy/baby bonding or military leave.

Name (Print):	Employee Information:													
Partial Day   Date:   Start Time:   am/pm   Return Time:   am/pm   Total   hours:	Name (Print):													
Partial Day   Date:   Start Time:   am/pm   Return Time:   am/pm   Total   hours:	Duration of Requested Leave of Absence													
Leave Request Information (select absence type):    Association Leave (prior notification required)   Start Time:   am/pm   Neturn Time:   am/pm   Nours:     Association Leave (prior notification required)   Start Time:   Start Time:   am/pm   Nours:     Association Leave (prior notification required)   Relationship to Employee (see Board Policy No. 4161.2 & 4261.2)     Compensatory Time (Classified only)   Relationship to Employee (see Board Policy No. 4161.2 & 4261.2)     Compensatory Time (Classified only)   Relationship:   Maternity Leave   Medical Leave (FMILA)   Relationship:   Medical Leave (FMILA)   Military Leave   Military Leave   Medical Leave   Military Leave   Military Leave   Military Network (Labor Code 245.5)     Court Appearance   Personal Necessity (24-hr notice required)   Medical Leave   Personal Necessity (24-hr notice required)   Medical Leave   Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required)   Medical Leave (Personal Necessity Fmergency (24-hr notice not required	☐ All Day	□ All Day Start Date:			End Date:			Total Number of days:						
Partial Day   Date:   Start Time:   am/pm   Return Time:   am/pm   hours:														
Association Leave (prior notification required)	☐ Partial Day		Date:		Start T	ime:	am/pm	Return Tir	me:	am/pm	l .			
Bereavement Leave (3-days in state, 5-days out of state)  Relationship to Employee (see Board Policy No. 4161.2 & 4261.2)    Compensatory Time (Classified only)   Long Term Leave (Contact HB Department for further documentation requirements 30 days in advance of leave request or as soon as practical in an emergency.):   Family Medical Leave (FMLA)   Relationship:   Maternity Leave   Medical Leave   Military Lea	Leave Request	Leave Request Information (select absence type):												
Galaxy in state, 5-days out of state)	☐ Association	Leav	e (prior n	otification red	quired)									
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**Supervisor Signature**