



# 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.*

<b>Employee Information:</b>							
Name (Print):							
<b>Duration of Requested Leave of Absence</b>							
<input type="checkbox"/> All Day	Start Date:		End Date:		Total Number of days:		
<input type="checkbox"/> Partial Day	Date:		Start Time:	am/pm	Return Time:	am/pm	Total hours:
<b>Leave Request Information (select absence type):</b>							
<input type="checkbox"/> Association Leave (prior notification required)							
<input type="checkbox"/> Bereavement Leave (3-days in state, 5-days out of state) _____ Relationship to Employee (see Board Policy No. 4161.2 & 4261.2)							
<input type="checkbox"/> Compensatory Time (Classified only)							
Long Term Leave (Contact HR Department for further documentation requirements 30 days in advance of leave request or as soon as practical in an emergency.):							
<input type="checkbox"/> Family Medical Leave (FMLA)		Relationship: _____					
<input type="checkbox"/> Maternity Leave			<input type="checkbox"/> Medical Leave			<input type="checkbox"/> Military Leave	
<input type="checkbox"/> Jury Duty (must attach verification of jury service)							
<input type="checkbox"/> Leave without pay							
Personal Necessity (24-hr notice <b>required</b> )							
<input type="checkbox"/> Illness, preventive care, or other need of immediate family member (Labor Code 245.5)							
<input type="checkbox"/> Court Appearance							
<input type="checkbox"/> Personal Necessity- No Tell							
Personal Necessity Emergency (24-hr notice <b>not required</b> )							
<input type="checkbox"/> Accident involving employee, property, or immediate family member							
<input type="checkbox"/> Death of someone other than immediate family							
<input type="checkbox"/> Serious Illness of an Immediate Family member							
<input type="checkbox"/> Sick Leave (accrued sick leave hours)							
<input type="checkbox"/> Sick Leave Sub Differential Pay (Ed code 44977/45196)							
<input type="checkbox"/> Parental Leave for School Activity (Labor Code 230.8)		Reason/Activity: _____					
(Must be pre-approved, other than emergency) PN, Comp or Leave w/o pay: _____							
<input type="checkbox"/> Labor Code 233		Relationship: _____					
(No more than 6 days of accumulated sick leave for illness of child, parent, or spouse in a calendar year)							
<input type="checkbox"/> Vacation (Classified only)							
<input type="checkbox"/> Workers Comp – 60-day Industrial Accident and Illness Leave (Ed code 44984/45192) District office must have a work status report submitted upon return							
<b>I UNDERSTAND THAT IF PAID LEAVE IS NOT AVAILABLE FOR THE ABSENCE ENTERED, I AM AUTHORIZING MY MONTHLY PAY TO BE REDUCED ACCORDINGLY ON THE REGULAR PAYDAY AFTER THE ABSENCE IS RECEIVED AND PROCESSED.</b>							

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**Employee Signature**

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**Supervisor Signature**