

# MILAN C-2 SCHOOLS

## EMPLOYEE ABSENCE REPORT

NAME: \_\_\_\_\_

DATE(S) OF ABSENCE (LIST ALL APPLICABLE DATES): \_\_\_\_\_

TIME LEFT (IF APPLICABLE): \_\_\_\_\_

TIME RETURNED (IF APPLICABLE): \_\_\_\_\_

SUBSTITUTE NEEDED: (PLEASE CIRCLE)

YES ----- NO

PRE-ARRANGED ----- CALL-IN

REASON FOR ABSENCE: (PLEASE CHECK APPROPRIATE AREA)

\_\_\_\_\_ Professional Activity

Description: \_\_\_\_\_

\_\_\_\_\_ Leave (Please check and/or Circle)

\_\_\_\_\_ Illness (Self ----- Family)

\_\_\_\_\_ Appointment (Self ----- Family)

Description: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Bereavement (Please check and/or Circle)

\_\_\_\_\_ Death of IMMEDIATE Family Member

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

\_\_\_\_\_ Death of OTHER Family Member or Acquaintance

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

\_\_\_\_\_ Family/Medical Leave Act of 1993/2009 (FMLA)

\_\_\_\_\_ Vacation – *Twelve Month Employees Only*

\_\_\_\_\_ Workers Compensation (Must file in Central Office)

EMPLOYEE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME OF SUBSTITUTE(S): \_\_\_\_\_

DATE(S): \_\_\_\_\_

TIME PERIODS/LENGTH OF SUBSTITUTION:

(CIRCLE AND FILL IN BLANKS BELOW):

FULL DAY (8.00/8.25 HOURS)-TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_

PARTIAL DAY - TIME IN \_\_\_\_\_ TIME OUT \_\_\_\_\_

SUBSTITUTE SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

### BUILDING OFFICE USE ONLY

\_\_\_\_\_ \$25 for full day coverage for certified positions or admin. assistant (ed-assist only) (5-8hrs)

\_\_\_\_\_ \$12 for half day coverage certified positions or admin. assistant (ed-assist only) (1-4hrs)

\_\_\_\_\_ \$25 teacher pay for loss of prep (teacher only)

\_\_\_\_\_ \$120 Full Sub Pay -certified position (sub only)

\_\_\_\_\_ \$110 Full Sub Pay -noncertified position (sub only)

\_\_\_\_\_ \$130 after 11 day (long term sub only)

\_\_\_\_\_ Pay for this coverage is on another sheet

\_\_\_\_\_ No pay for this coverage (less than an hour of coverage)

### CENTRAL OFFICE USE ONLY

\_\_\_\_\_ PROFESSIONAL

\_\_\_\_\_ FMLA-MILITARY

\_\_\_\_\_ LEAVE

\_\_\_\_\_ VACATION

\_\_\_\_\_ BEREAVEMENT-FAMILY

\_\_\_\_\_ WORKERS COMPENSATION

\_\_\_\_\_ BEREAVEMENT-OTHERS

\_\_\_\_\_ OTHER

\_\_\_\_\_ FMLA-NON MILITARY