



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.*

Employee Information:							
Name (Print):							
Duration of Requested Leave of Absence							
<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:
Leave Request Information (select absence type):							
<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)							
<input type="checkbox"/> 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"/> Military Leave							
<input type="checkbox"/> Medical Leave							
<input type="checkbox"/> Jury Duty (must attach verification of jury service)							
<input type="checkbox"/> Leave without pay							
<input type="checkbox"/> Personal Necessity (24-hr notice required)							
<input type="checkbox"/> Illness of immediate family member							
<input type="checkbox"/> Court Appearance							
<input type="checkbox"/> Personal Business not able to be conducted outside school day							
<input type="checkbox"/> Personal Necessity Emergency (24-hr notice not required)							
<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"/> 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							
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.							

Employee Signature

Supervisor Signature