

**WEAVER UNION SCHOOL DISTRICT
ABSENCE REPORT**

****Absence Reports must be completed and returned within 24 hours of your return to work, if not completed prior to absence.****

Employee: _____

Employee ID No: _____

Work Location: _____
(School Site/Department)

Date of Absence(s): _____

Total Days or Hours Employee Absent: _____

Human Resources Use Only	
Unpaid/Extended:	_____
Date Entered:	_____

ILLNESS/MEDICAL LEAVES	
<input type="checkbox"/> Sick Leave (Employee Sick, Medical or Dental Appointments)	<input type="checkbox"/> *Pregnancy/Extended Sick Leave (Attach Doctor's Note. Must Have Release to Return to Work)
<input type="checkbox"/> Personal Necessity (If Family Medical, State Relationship In Comments Section)	
VACATION/COMPENSATION TIME OFF	
<input type="checkbox"/> Vacation (12 Month Employees Only)	<input type="checkbox"/> Compensation Time Off
MISCELLANEOUS LEAVES	
<input type="checkbox"/> Personal Day (Unpaid)	<input type="checkbox"/> Accident on the Job (Copy to Human Resources)
<input type="checkbox"/> Jury Duty (Attach Summons of Jury Duty) ____ Regular Pay ____ Jury Duty Pay	<input type="checkbox"/> Bereavement (5 days total) Relationship _____
<input type="checkbox"/> Other Leave of Absence (Describe in Comments)	Bereavement leave does not need to be taken consecutively (i.e., all 5 days in a row), but must be taken within 3 months of the date of death of the family member.

* Requires additional paperwork with Human Resources

Comments: _____

Employee's Signature: _____

Date: _____

Supervisor's or

Designee's Signature: _____

Date: _____

Business Office Use Only									
Day(s)	_____	X Hours	_____	=	_____	X Hourly Rate \$	_____	Amount Deduct	\$ _____
Day(s)	_____	X Hours	_____	=	_____	X Hourly Rate \$	_____	Amount Deduct	\$ _____
Day(s)	_____	X Hours	_____	=	_____	X Hourly Rate \$	_____	Amount Deduct	\$ _____

Supervisors - Please send original form to Human Resources