

ABSENTEE REPORT FORM

School District of Athens

Employee Name _____ Position _____

Date(s) of Absence(s) _____

Full Day _____ AM _____ PM _____ Periods (HS/MS) _____

Support Staff Only: Time In _____ Time Out _____

<u>Non-School Related</u>	<u># Days/Periods</u>	<u>Student Related</u>	<u># Days/Periods</u>		<u>Other</u>	<u># Days/Periods</u>
Personal Illness	_____	Athletics	_____		Schedule Conflict	_____
Family Illness	_____	Co-Curricular	_____		No One Hired	_____
Doctor/Dentist	_____	Field Trip	_____		Other Paid	_____
Funeral	_____	Other Student-Related	_____		Unpaid Leave	_____
Maternity/Paternity	_____				Covered In School	_____
Jury/Court	_____	<u>Professional</u>	<u>Regular</u>	<u>Athletic</u>		
Personal Leave	_____	Conference	_____	_____		
Emergency Leave	_____	Workshop	_____	_____		
Vacation (12-mo. only)	_____	Meeting	_____	_____		

Specific Information _____

Employee Signature _____ Date Submitted _____

Approved By _____ Date _____

Substitute Assigned _____ Date Paid _____

Office Use Only

BB _____ C _____

FB _____ P _____

LEAVE PROVISIONS

Sick Leave – 10 days per year (school-year employees) or 12 days per year (full-time fiscal year employees); accumulate 50-day sick leave bank (employees prior to 7-1-13 may accumulate up to 110 days).

Family Leave – up to six days per year and deducted from sick leave bank.

Emergency Leave – up to four days per year and deducted from sick leave bank (applicable to the death of certain family members).

Two (2) days of personal leave with pay will be granted to each employee, but no more than one per semester upon approval of district administrator.

- Requests may be for a full day or half day increments.
- Personal leave is non-cumulative and will be deducted from accrued sick leave.
- Staff impact may require denial of the request.
- A personal leave day cannot be used for the first or last day of school or the day preceding or following a vacation or holiday period.

Unpaid Leave – may be requested for unusual circumstances. Short periods of one week or less may be approved by the district administrator; all others must be approved by the board of education.

Please schedule my CONFERENCE-WORKSHOP-MEETING request on the reverse:

Transportation Request on a separate form.

CONFERENCE-WORKSHOP-MEETING FORM

Please turn this form in at least two weeks prior to conference, workshop, or meeting.

Employee Name _____ Date _____

Title of Event _____

Location _____

Funding – Account Number/Project _____

Registration Fee \$ _____ Already Registered? Yes _____ No _____

Attach paperwork with details, contact person(s), phone, and fax numbers.

Lodging (cost per night) \$ _____ Number of Nights _____ Total Cost \$ _____

Already made? Yes _____ No _____ If yes, and holding with credit card, you will be taking a school check for payment.

Date(s) of Lodging: Check In _____ Check Out _____

Hotel Name _____

Hotel Address _____

Hotel's Phone Number _____ Hotel's Fax Number _____

School Vehicle Needed? Yes _____ No _____ **(If "yes", please fill out transportation form.)**

Personal Vehicle? Yes _____ No _____

Mileage (Estimated Cost @ the IRS Rate per Mile) \$ _____

Food (Estimated Total) \$ _____ Breakfast - \$7 Lunch - \$8 Dinner - \$15

Attach receipts to check request form for reimbursement.

TOTAL ESTIMATED COST \$ _____

Approved by _____ Date _____

Please schedule my ABSENTEE REPORT request on the reverse: