



# 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:
<b>Leave Request Information (select absence type):</b>							
<input type="checkbox"/> Bereavement Leave (3-days in state, 5-days out of state) _____ <div style="text-align: right;">Relationship to Employee (see Board Policy No. 4107)</div>							
<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"/> Personal Necessity Emergency <input type="checkbox"/> Accident <input type="checkbox"/> Death of someone other than immediate family <input type="checkbox"/> 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							
<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