

CUTLER-OROSI JOINT UNIFIED SCHOOL DISTRICT

ABSENCE REPORT FORM

Leaves that may require additional forms are noted with an asterisk (*).
Please refer to your bargaining unit contract for details (COUTA and CSEA)

Name: _____ Work Site: _____ Absence Job # _____
 Position: _____ Hours worked per day: _____ Classified: _____ Certificated: _____
 Dates: From: _____ / _____ / _____ To: _____ / _____ / _____ Total: _____ / _____ / _____
Month Day Year Month Day Year Days Hours

Type of leave	√	Notations
Sick Leave*		If 4 consecutive days or more, submit doctor's verification of illness. Your supervisor may request verification for each day. For surgery, etc. a Doctor's note prior to leave and upon return is needed.
Maternity Leave* <small>Additional special forms required</small>		Must complete a Maternity Leave Request Form and complete a Maternity Return to Work Form. Medical verification required for both forms. Normal leave is 6 weeks post-partum.
Family Medical Leave* (FMLA/CFRA) <small>Additional special forms required</small>		Must complete Family Medical Leave Act Form(s). Medical verification required. Both FMLA and CFRA leave will run concurrently with any other statutory leave. This is UNPAID leave.
Personal Necessity*		PRIOR APPROVAL REQUIRED (2-3 DAYS) . Limited to 7 days per year. Deducted from sick leave total. Does not accumulate year to year. May not be used immediately before or after a District vacation or holiday. Must conform to contract reasons. COUTA Article 11.7, CSEA Article 18.7.
Reason:		
Personal Necessity – No Tell		Limited to 2 days. PRIOR APPROVAL REQUIRED . Once taken it may not be reclassified. Deducted from the 7 days of personal leave and hence sick leave. May not be used immediately before or after a District vacation or holiday.
Bereavement		Must give length of time of absence, <u>relationship to deceased</u> and location of services below. Maximum leave is 5 days total. Limited to only those relatives listed in the contract.
Relationship:		
Location of services:		
Jury Duty*		Attach copy of jury summons. Any pay received (except mileage) must be signed over to the District.
Workers Compensation <small>Specific forms must be completed – call Personnel</small>		All workers compensation leave is taken from sick leave until accepted by workers compensation insurance. Leave is limited in duration and excess leave is taken from sick leave regardless of injury.
School Business – Specify →		
Vacation		Classified staff only – PRIOR APPROVAL REQUIRED .
Personal Business		Classified staff only – This is UNPAID LEAVE - PRIOR APPROVAL REQUIRED .
Unpaid Leave – Includes: Health Leave*, Childcare/Adoption*		Must complete an Unpaid Leave Request Form. This leave is discretionary by the School Board and may not be granted. FMLA or CFRA leave regulations may apply.
Other* - Specify →		

I certify that the above is a true and accurate account of my absence(s) and that any personnel leave has been taken as outlined in the appropriate bargaining unit contract.

Signature of employee: _____ Date signed: _____
 Approved by: _____ Date signed: _____

For Personnel/Business Office Use Only: By: _____
 Substitute Deduct Costs: Substitute: _____ Hours: _____ Rate: _____
 Total Deduction: _____