**LOMPOC UNIFIED SCHOOL DISTRICT**

**CLASSIFIED PERSONNEL ABSENCE REPORT**

**INSTRUCTIONS**: This form is to be completed the day the employee returns to work following any absence.

**R E A S O N S:**

**Compensatory Time**

**Bereavement Leave** – **FIVE DAY MAXIMUM** for Death in immediate Family (**Must circle one**): spouse, mother (in-law, step), father (in-law, step), grandmother (in-law, step), grandfather (in-law, step), son (in-law, step), daughter(in-law, step), grandchild (in-law, step), brother(in-law, step) or sister (in-law, step), legally placed foster children, or any relative living in the immediate household of the employee. **THREE DAY MAXIMUM** for Aunt (in-law, step), Uncle (in-law, step) or Foster Parent.

**YOU MUST SUPPLY THE NAME OF DECEASED** 

**Furlough Day –** must be pre-approved, requires two-week notice.

**Illness of Employee –** AttachReturn to Work Release from Physician (**required after 3 days**)

**Industrial Accident** (Date of Injury/Illness: (**Attach Physician’s authorization/release**)

**Judicial Leave** – Summons must be attached.

**Jury Leave** – **Record of Appearance** must be attached. Per Diem amount must be reimbursed to the District.

**Leave without Pay** – this type of leave may affect your seniority.

**Maternity / Paternity Leave** – Physician’s Verification must be attached.

**Military Leave –** All military leave rights are in accordance with the Uniformed Services Employment and Reemployment Rights Act .

**Personal Necessity Leave** or **Additional Personal Necessity Leave:** Personal Leave Committee Authorization **REQUIRED.**

**Vacation –** prior approval needed**.**

**Union Business – CSEA State paid Association Release Time** (per Article iii,3.6 – 15 days per calendar year)

**School Business  Description**

**--------------------------------------------------------ALLOWS FOR FOUR DIFFERENT DATES & ABSENCE TYPES-----------------------------------------------**

 **JOB#  DATES**  ** JOB#  DATES **

**# OF HOURS REASON**  **# OF HOURS REASON**

 Choose an item. ` Choose an item.

**JOB#  DATES**  ** JOB#  DATES **

**# OF HOURS REASON**  **# OF HOURS REASON**

 Choose an item. ` Choose an item.

** **

**Name of Employee Site or Department**

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**Signature of Employee Signature of Administrator Date**