**LOMPOC UNIFIED SCHOOL DISTRICT**

**CERTIFICATED PERSONNEL ABSENCE REPORT**

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

FIRST DAY OF ABSENCE **Click here to enter a date.** LAST DAY OF ABSENCE **Click here to enter a date.**

**R E A S O N S** ---------------------------------- **JOB#S**  (**REQUIRED**)

**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** 

**Compensatory Time**

**Family Sick Leave-** Half of your annual allotment of sick days is available, per Article 7.2.1.1

**Furlough** - **(Assistant Superintendents/Superintendent Only)**

**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**

**Maternity/Paternity Leave -** Physician’s Verification, PERS-144, must be attached

**Military Leave –** (Military Orders must be attached)

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

# **DAYS** **SECTIONS**

   Choose an item.

   **Vacation (Assistant Superintendents/Superintendent Only)**

   **Federation Release Time** (per Article III, 3.7). 

  **School Business\* (describe) **

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| **Date** | **# DAYS/****SECTIONS** |
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 **\***SEMS (Green Sheet) still required **For Multiple Days Absence**

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 **Name of Employee Signature of Employee**

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**Site or Department**

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 **Signature of Principal/Supervisor Date**