Pleasant Hill School District No. 1
Employee Report of Absence

Form is to be completed by employee upon return from each absence (PLEASE USE BLACK OR BLUE INK).

NAME: _____ **ABSENT ON:** _____

NUMBER OF HOURS ABSENT: _____

REASON FOR ABSENCE: _____

IF SICK LEAVE, WAS FOR ☐ SELF or ☐ OTHER (if Other provide relationship): _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

TYPE OF LEAVE TAKEN (choose one):

	FOR PAYROLL USE ONLY HRS	ENTERED
_____ **Association Leave** *(In-Service Application required)*	_____	_____
_____ **Bereavement Leave** *(Leave Request required)*	_____	_____
_____ **Coaching/Athletics/AD Meetings**	_____	_____
_____ **In-Service (Workshops/Conferences)** *(In-Service Application required)*	_____	_____
_____ **Jury Duty** *(Leave Request & Copy of Summons required)*	_____	_____
_____ **Personal Leave** *(Leave Request required)*	_____	_____
_____ **Sick Leave** *(Leave Request requested for pre-arranged appts)*	_____	_____
_____ **Unpaid Leave or Deduction** *(Leave Request required)*	_____	_____
.....		
_____ **Vacation (12 month Employees Only)** *(Leave Request required)*	_____	_____

Principal/Supervisor's Signature _____ **Date** _____

NAME: _____ **ABSENT ON:** _____

NUMBER OF HOURS ABSENT: _____

REASON FOR ABSENCE: _____

IF SICK LEAVE, WAS FOR ☐ SELF or ☐ OTHER (if Other provide relationship)**:**_____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Complete this section with your actual time absent (i.e. if you wrote 1 hour on your Leave Request for a dentist appointment, but were actually gone for 2 hours, put 2 hours).

Mark which type of leave you have used. Please note which leaves require a Leave Request.

TYPE OF LEAVE TAKEN (choose one):

_____ **Association Leave** *(In-Service Application required)*

_____ **Bereavement Leave** *(Leave Request required)*

_____ **Coaching/Athletics/AD Meetings**

_____ **In-Service (Workshops/Conferences)** *(In-Service Application required)*

_____ **Jury Duty** *(Leave Request & Copy of Summons required)*

_____ **Personal Leave** *(Leave Request required)*

_____ **Sick Leave** *(Leave Request requested for pre-arranged appts)*

_____ **Unpaid Leave or Deduction** *(Leave Request required)*

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_____ **Vacation (12 month Employees Only)** *(Leave Request required)*

Turn your completed ROA in to your school secretaries for your supervisor to sign.

Principal/Supervisor's Signature _____ **Date** _____

QUESTIONS?

Contact Hayley Dellinger, Payroll Specialist
Phone: (541) 736-0794 or Extension 194
Email: hdellinger@pleasanthill.k12.or.us
Schedule: Monday – Friday, 7:30am – 4:00pm