



# CERTIFICATE OF ABSENCE

Employee No. \_\_\_\_\_

PP \_\_\_\_\_

Employee Name \_\_\_\_\_

School or Office \_\_\_\_\_

Administrator Approval \_\_\_\_\_

Signature of Absentee \_\_\_\_\_

Date \_\_\_\_\_

Instructions: This form must be filed with payroll clerk: one form for each pay period.

CAUSE	CODE	DATES ABSENT	HOURS	CAUSE	CODE	DATES ABSENT	HOURS
<b>SICK LEAVE</b> Full pay.	180			<b>VACATION</b> Full Pay.	170		
<b>PERSONAL NECESSITY</b> Full pay. Charge to Sick leave Allowance.	300			<b>MATERNITY LEAVE</b> Full pay. DOB _____	960		
<b>COMPELLING PERSONAL REASONS</b> (Prior approval required.) Charged to Personal Necessity Leave Allowance.	320			<b>PERSONAL LEAVE</b> Half pay.	260		
<b>STATUTORY ILLNESS</b> Half pay maximum 100 days. More than 4 days require prior approval.	190			<b>IMMINENT DEATH</b> Full pay. Maximum 2 days per FY.	242		
<b>INDUSTRIAL ACCIDENT/ILLNESS</b> Up to full pay. Maximum 60 days per accident/illness. DOI _____	330			<b>BEREAVEMENT LEAVE</b> Full pay. Maximum 5 days per death.	240		
<b>SUBPOENA BY COURT</b> Full pay.	270			<b>MILITARY LEAVE OF ABSENCE</b> Needs Board Approval.	230		
<b>JURY DUTY</b> Full pay.	280			<b>OTHER UNPAID LEAVE</b> Without pay. Board approval required for more than 4 hours.			
<b>COMPENSATING TIME OFF</b> For overtime worked.	291			<b>CONFERENCE/RELEASE TIME/ OTHER LEAVE</b> at full pay.			

Rev. 06/23



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