



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