



## **Certified Staff Blackout Day & Sick Day Approval Policy**

**Article: 4310.1: If a sick day is taken on a Monday or a Friday of the contractual calendar, the employee sick bank will be debited 1.5 sick days from their overall allocation.**

**Article: 4310.2: A full-dock will be charged at the employee's daily pay rate of pay if the employee calls in sick on a District professional development day unless a doctor note or documentation is provided. A full-dock will be charged at the employee's daily pay rate of pay if an employee calls in sick the day before or after a holiday or district break unless a doctor note or documentation is provided.**

Sick Day approval aligns to the following individuals:

- Father, mother, brother, sister, husband, wife, or child
- Mother in-law, father in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law
- Foster parents, foster children
- Step parents, step children
- Grandparents, grandchildren, or members of one's own household regardless of relationship.

A HR Sick Day Approval Form must be filled out for each occurrence with a supervisor's signature and then turned in to the Office of Human Resources for final approval.

- Each staff member is allowed 1 day of grace without required documentation for Article 4310.1 absences.

Documentation of the absence must be submitted with the HR Sick Day Approval form. Documentation is defined as: A signed doctor's note from a medical practitioner (primary care, urgent care, specialist, school verified nurse).

If an absence is a continuation of another verified absence, no additional documentation needs to be submitted. For example, you have the flu and are absent Wednesday and Thursday, Friday documentation will not be required.

Documentation must be provided within 10 business days of the absence.

***The Office of Human Resources has the latitude to consider requests that fall under special circumstances category. Each case will be handled on a case-by-case basis.***



## **Certified Staff Blackout Day & Sick Day Approval Request**

### **Submit the Approval Request and Documentation**

Employee's Full Name \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

Date of Absence \_\_\_\_\_

Approval request for:

- A Monday or a Friday Sick Day
- A Blackout Day on a Professional Development Day
- A Blackout Day that is before or after a holiday

Reason for the Absence: \_\_\_\_\_

\_\_\_\_\_

Documentation to Provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office of Human Resources Approval Signature \_\_\_\_\_ Date: \_\_\_\_\_