



REQUEST FOR REPORT OF ABSENCE

NAME _____ EMPLOYEE # _____ CAMPUS/DEPARTMENT _____

DATE(S) OF ABSENCE _____ NUMBER OF DAYS _____

CHECK ☒ APPROPRIATE BOX: ☐ PROFESSIONAL ☐ PARA-PROFESSIONAL ☐ ANCILLARY

☐ **STATE PERSONAL LEAVE** (*sick/personal*
circle one)

☐ **DOCK PAY** (Out of personal leave)

☐ **CONVENIENCE LEAVE**

☐ **MILITARY LEAVE**

Three(3) days per year for all personnel. Convenience leave will not be approved for periods less than one-half (1/2) day.

☐ **ASSAULT LEAVE**

☐ **VACATION/OFF CONTRACT** _____

☐ **JURY DUTY** _____

Court to which summoned (attach copy)

☐ **LOCAL DEATH LEAVE**

Relationship _____

Three (3) days allowed per year for immediate family (Attach copy of documentation/obituary)

☐ **SCHOOL BUSINESS**

☐ Employee Request

☐ District Request

☐ Athletics

Reason (Attach Brochure, Agenda, etc.): _____

In accordance with The Fair Labor Standards Act, Regulation Part 785 sections .16,.18,.19,.37, and .39 regarding hourly employees, the time spent traveling away from home outside the regular working hours as a passenger, is not considered in computing work hours. The District and employee agree that time spent eating, resting or sleeping is not compensable time when meeting conditions set by the above sections. Conditions are described as "employee is completely relieved from duty and sleep time is uninterrupted by work". However, sections 785.33 and 785.41 give special provisions applicable in circumstances where hourly employees monitor children while traveling and during sleeping hours."

ESTIMATED

Destination/Team _____

Mode of Travel _____

Estimated DEPARTURE from San Benito Date: _____ Time: _____

Estimated ARRIVAL at destination Date: _____ Time: _____

Estimated DEPARTURE to San Benito Date: _____ Time: _____

Estimated ARRIVAL at San Benito Date: _____ Time: _____

Budget Account Number: _____

☐ **SUBSTITUTE USED** ☐ A.M. ☐ P.M. Name: _____

This portion to be completed when turned in with Absence Report/after substitute has been used.)

All requests for absence require prior approval, in writing by the designee (except emergencies as determined after review of absence report) and must be submitted at least five (5) days in advance.

SIGNATURES

I hereby certify that the above is true and correct and understand that a salary adjustment may be necessary.

Employee _____ Date _____

Supervisor _____ Date _____

Superintendent/Designee _____ Date _____