
ADMINISTRATIVE REGULATIONS**PER-20****SECTION: Personnel****SUBJECT: Sick Leave**

03/01/04

An Absence From Duty form (PER-20F/A or PER-20F/B) must be completed anytime an employee is absent from duty excluding instructional leave (which is to be reported on a Travel Request form). Any employee absent from duty because of personal illness or quarantine shall receive full pay until his or her allowable sick leave days have been exhausted. Only employee workdays shall be counted in applying the sick leave policy, exclusive of holidays. Personnel on regular assignment (i.e. the number of workdays parallel that of a regular classroom teacher) shall receive the maximum number of days under this plan: five (5) days from the state plan and five (5) days from the local plan for a total of ten (10) days; personnel whose workdays number 198 through 215 shall receive the maximum plus one (1) local day (11 days); those whose workdays number from 216 through 233 shall receive the maximum plus two (2) local days (12 days); and those whose workdays number 234 or more shall receive the maximum plus three (3) local days (13 days).

For the first 180 days, state personal leave days and local sick leave days are earned at the rate of one-half ($\frac{1}{2}$) day of state personal leave and one-half ($\frac{1}{2}$) day of local sick leave for each 18 days worked and/or paid for.

Local sick leave days will be used first before any state previously earned sick leave days can be used for the same type absence. State personal leave days will be used as sick leave only after all other sick leave is exhausted.

Unearned personal leave days or local sick leave days will be advanced to employees who have reported to work; however, if an employee should leave the District or have excess excused absences with loss of salary, the employee will have to refund the District for all unearned leave from the employee's next pay check.

All unused local sick leave shall be cumulative until a maximum of 120 days are accrued.

If an employee is absent more than three (3) consecutive working days, he/she must provide a doctor's certificate to the building principal or immediate supervisor who will submit it to the Personnel Office as soon as the employee returns to work. Failure to provide such doctor's certification will result in all absences in excess of three (3) days counting as unexcused absences and the employee being docked at their daily rate for each unexcused day.

NEDERLAND INDEPENDENT SCHOOL DISTRICT

Absence From Duty Request/Report

Name_____

Department/Campus_____

Identification No._____

- This form must be submitted immediately upon return for all leaves except instructional leave.
 - For Personal leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty.
 - Absences of four (4) or more consecutive working days for personal or family illness must have a written statement from a health care practitioner attached.
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Date(s) of Absence: Beginning: _____ Ending: _____
(Month) (Day) (Year) (Month) (Day) (Year)

Total Days Absent: _____

Reason for Absence

_____ Personal illness or medical appointment

_____ Illness or medical appointment in immediate family
*specify relationship*_____

_____ Death in immediate family
*specify relationship*_____

_____ Personal Leave

_____ Jury duty or subpoena (*attach documents*)

_____ Cost of Sub

_____ Assault Leave

_____ Dock
*specify reason*_____

Employee Signature

Supervisor/Principal Signature

Leave Status: _____ **Approved** _____ **Disapproved**

Category of leave granted: _____ State Personal Leave _____ State Sick Leave _____ Local Sick Leave
 _____ Cost of Sub _____ Other _____

_____ **Loss of Salary:** No. Days_____

Comments_____

_____ Posted

Assistant Superintendent for Personnel/Auxiliary Services

NEDERLAND INDEPENDENT SCHOOL DISTRICT

Absence From Duty Request/Report

Name _____

Department/Campus _____

Identification No. _____

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Date(s) of Absence: Beginning: _____ Ending: _____
(Month) (Day) (Year) (Month) (Day) (Year)

Total Hours Absent: _____

Reason for Absence

- _____ Personal illness or medical appointment
- _____ Illness or medical appointment in immediate family
specify relationship _____
- _____ Death in immediate family
specify relationship _____
- _____ Personal Leave
- _____ Jury duty or subpoena (*attach documents*)
- _____ Cost of Sub
- _____ Assault Leave
- _____ Dock
specify reason _____

Employee Signature

Supervisor/Principal Signature

Leave Status: _____ Approved _____ Disapproved

Category of leave granted: _____ State Personal Leave _____ State Sick Leave _____ Local Sick Leave
_____ Cost of Sub _____ Other _____

_____ Loss of Salary: No. Hours _____

Comments _____

_____ Posted

Assistant Superintendent for Personnel/Auxiliary Services