

LEAVE/ABSENCE REQUEST AND ATTENDANCE CONTROL FORM

PURPOSE: This form is intended to assist in the monitoring of employee attendance and track employee claims in respect to vacation, personal days, family leave and medical leave, and other leaves of absence. Depending on the type of leave requested, you may have to submit additional forms. Receipt by the employer of this form shall not be construed as acceptance of the representations contained herein or approval of all leaves included in this form except those so accompanied by approval signatures. Personal/Emergency Leave days must be requested as per the Master Agreement.

INSTRUCTIONS: When an absence is foreseeable, this form should be completed two weeks prior to the requested time off and promptly filed with your building principal and district superintendent, regardless of the cause of absence, for all absences occurring during scheduled work hours. In instances where an absence is unforeseeable and you do not complete an absence request/control form prior to being absent from work, you must complete this form prior to or upon your return to work.

Failure to completely and promptly file this form with the district superintendent may adversely affect employee rights under employer's policies and applicable law. Employees who knowingly make false statements on this form will be subject to discipline.

Name:				Requested date(s) of absence:		
Length of absence:	1 day	1/2 day	1/4 day	Other:	days	
Reason for absence:						
1) Workshop/Conference				Do you request pay during your period of absence?	Yes	No
	What arrangements have you made to have your duties continue in your absence?					
				Will a substitute teacher be required during your absence?	Yes	No
2) Personal day	Will the personal day be used for a reason that would qualify for family or medical leave?					
				Yes	No	
	If yes, please specify,					
3) Sick/Medical (employee's own condition)	Does employee contend that the absence is caused by a medical condition or injury which arose at the workplace (i.e., covered by the Worker's Compensation Act)?					
				Yes	No	
	Does employee contend that the absence is covered under the federal and/or state Family and Medical Leave Act provisions due to employee's inability to perform an essential job function because of a "serious health condition?"					
				Yes	No	
	Does employee contend that the absence is due to illness qualifying for leave under the employer's leave policy, but which does not meet the definition of serious health condition to qualify as medical leave, or is otherwise not covered by the state or federal Family and Medical Leave Act?					
				Yes	No	

** Please consult the employer's Family and Medical Leave Policy and/or appropriate posters for information respecting coverage. Specific questions can be directed to the district superintendent's office.

4) Care for family member Does employee contend that the absence occurred for the purpose of caring for the employee's covered family member who has a serious health condition as defined under the federal and/or Family and Medical Leave Acts? Yes No

Name of individual receiving care from employee

Individual receiving care is covered child spouse parent

** Note: Please consult the School District's Family and Medical Leave Policy and/or appropriate poster for information respecting coverage. Specific questions can be directed to the building principal or district superintendent.

5) Childbirth or adoption

Leave for childbirth or to care for a newborn child Yes No

Or

Leave for the placement of a child for adoption or foster care Yes No

Name of child

Date of birth or placement or anticipated birth or placement date

6) Emergency Leave Reason for Leave

7) Jury Duty Please attach a copy of jury commissioner subpoena and/or other evidence of service.

8) Military Leave Please attach a copy of relevant military orders and/or evidence of service if available.

9) Vacation Will vacation time be used for a reason that would qualify for family or medical leave? Yes No If yes, please specify:

10) Other:

I HEREBY CERTIFY THAT THE ABOVE RESPONSES PROVIDED BY ME ARE TRUE.

Date: Signature:

Acknowledge receipt of request:

Building Principal Date

Approval:

District Superintendent Date

(This portion to be completed by principal or his/her designee.)

Has certification for the employee's or employee's family member's health care provider been requested?

Yes No If yes, date of request

Note: If certification respecting the "serious health condition" has been requested, a copy of the fully executed form must be attached or forwarded to the school district's central office upon request.