

PIONEER SCHOOL DISTRICT EMPLOYEE REPORT OF ABSENCE

For office use only:

Employee:

Name: _____ Position: _____

Date(s) of Absence: _____ Number of Hours Absent: _____

CHECK ONE:

- ☐ Sick Leave (*circle one*): Illness Doctor's Appointment Other _____
- ☐ Personal Necessity* Specify: _____
- ☐ School Business Specify: _____
- ☐ Jury Duty
- ☐ Bereavement Relationship: _____
- ☐ Discretionary Day (*Certificated only*)
- ☐ Unpaid (*by signing below you acknowledge you will receive a dock in pay and less than a year of service credit*)
- ☐ Vacation (*11 & 12 month classified employees only*)
- ☐ Use of CTO (*12 month classified employees only*)
- ☐ Other Specify: _____

Name of Person Covering/Substitute: _____

Employee Signature: _____

Authorized By (Supervisor): _____

Approved:

Superintendent/Principal: _____ Date: _____

*Use of Personal Necessity (PN):

Employees may use up to seven days (prorated for less than full-time employees) of their accrued sick leave each year for reasons of PN (listed below). After seven days, PN is unpaid.

Personal necessity leave is limited to incapacitation, serious illness, or death of a member of the immediate family; an accident involving his/her person or property, or, the person or property of a member of his/her immediate family; or appearance in court as a litigant or a witness under official order. Leave may be allowed for other reasons at the discretion of the Superintendent.

"Immediate family" means the mother, father, grandmother, grandfather, or a grandchild of the employee or of the spouse of the employee, and the spouse or domestic partner, son, son-in-law, daughter, daughter-in-law, brother, or sister of the employee, step or foster children or parent, or any relative living in the immediate household of the employee.