

**SCHOOL DISTRICT OF LOMIRA**  
***Absence Report – Classified***

Employee Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date(s) of Absence\*: \_\_\_\_\_

\*Please complete a separate form for each series of absences.

Total Hours: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**Category - Pre-Approved**

\_\_\_\_\_ **Personal:** Two (2) days will be granted for employees for personal reasons each year. These personal days will be in addition to the sick leave days and will not be accumulated.

\_\_\_\_\_ **Business:** One (1) day will be granted for employees for business each year. This Business Day is in addition to the sick leave day and will not be accumulated.

\_\_\_\_\_ **Vacation:** The number of days allotted to employees is determined on years of service. Vacation days are only allotted to year round full time classified staff. These days will not be accumulated.

\_\_\_\_\_ **Other:** Unpaid absence.

**Category – Sick and/or Emergency\***

\_\_\_\_\_ **Sick:** Absence due to the personal illness of the employee and absence caused by serious illness, death or funeral of a close relative of the employee or his/her spouse.

\_\_\_\_\_ **Emergency:** Two (2) days will be granted for employees for the death of and/or funeral of a member of the employee's immediate family. These days will be in addition to the sick leave and will not be accumulative.

**Substitute Coverage**

Substitute Needed: \_\_\_\_\_ YES\* \_\_\_\_\_ NO

\*Please note for absences <= two-(2) hours, internal coverage may be provided.

**Approval**

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

Date: \_\_\_\_\_

Principal/Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For Office Use, Only**

Date Received: \_\_\_\_\_

Time: \_\_\_\_\_

Date Sub Confirmed: \_\_\_\_\_

Substitute Name: \_\_\_\_\_

Substitute Phone: \_\_\_\_\_

Employee: \_\_\_\_\_

Absences.xls: \_\_\_\_\_

Calendar: \_\_\_\_\_

Bookkeeping: \_\_\_\_\_