

SCHOOL DISTRICT OF LOMIRA
Absence Report – Classified Staff

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.

_____ **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.

Close relative of the employee is defined as spouse, child, father, mother, brother, sister, grandfather, grandmother, mother-in-law, father-in-law, brother-in-law or sister-in-law.

_____ **Emergency:** Two-(2) days will be granted for employees for the death of an/or funeral of a member of the employee's immediate family. These days will be in addition to the sick leave days 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: _____