

# CERTIFICATION OF REASON FOR ABSENCE\*

\* Check the applicable negotiated agreement for details specific to your bargaining unit.

Employee Name \_\_\_\_\_ Emp. No. or SSN \_\_\_\_\_

Please print

I hereby certify that my absence on the following dates \_\_\_\_\_,

a period of \_\_\_\_\_ work day(s), was occasioned by: (please check box(es) which apply)

**Sick leave:** Check the one that applies to this absence.

9  **Illness/Injury**

**(If absent for medical reasons, you must have submitted a doctor's slip to HR on or before the 6<sup>th</sup> day of absence and may need to submit a return to work certification.)**

9  **Emergency**

If for emergency, indicate which of the following criteria applies:

- a: The problem has been suddenly precipitated
- b: Pre-planning is not possible
- c: Pre-planning cannot relieve the necessity for the employee's absence.
- d: The trouble is not minor or of mere convenience, but of a serious nature
- e: Auto trouble shall not be considered an emergency except in case of an accident
- f: Weather conditions shall not be considered an emergency.

9  **Serious or emergency condition of a relative**

If for the emergency or serious condition of a family member, indicate relationship \_\_\_\_\_.

Contact HR for possible documentation requirements.

- 9  **Family Illness Leave:** (relatives in household & certain others) Indicate relationship \_\_\_\_\_ Residing in household? (Circle one) Yes No
- 9  **Bereavement Leave:** Indicate relationship to decedent \_\_\_\_\_
- 9  **Extraordinary Leave:** (can't extend holiday or break, can't be used 1<sup>st</sup> or last 5 days of school)
- 9  **Jury Duty:** Amount received \$\_\_\_\_\_. (Send copy of court's remittance advice to Payroll)
- 9  **Subpoena:** Amount received \$\_\_\_\_\_. (Send copy of court's remittance advice to Payroll)  
(Not allowed if related to self-employment, other employment, or other employer.)  
Explanation \_\_\_\_\_
- 9  **Leave Without Pay:** (prior approval for any amount of unpaid leave on HR form is required)
- 9  **Excused by Superintendent's Office:** Explanation \_\_\_\_\_
- \_\_\_\_\_

Employee signature

Location

Date