## **Imlay City Schools**

## AFSCME Absence Report – Chapter A

Approval is conditional upon having accrued days. It is the employee's responsibility to make certain time is available.

Sick Leave:	Report shall be submitted the first day after returning to work
Funeral Leave:	Shall be requested as soon as the need is known
Personal Business Leave:	The provision for paid personal business leave is not to be used in the pursuit of personal sporting or recreational interests, shopping, other gainful employment, or vacations.
	Personal business leave shall not be used immediately before or following a vacation or holiday period, except upon approval of the superintendent. Requests for personal business leave must be submitted at least twenty-four (24) hours in advance so as to allow time for advance approval, except in emergency situations which preclude such advance submission of notice.
FMLA	FMLA must be approved by the superintendent and includes paid leave through
	accumulated sick time and unpaid leave.

My signature indicates that I have read the above rules and my request complies with the guidelines. I understand that violation of the leave provisions my lead to disciplinary action, up to and including dismissal.

Employee Signature \_\_\_\_\_\_ Print Name: \_\_\_\_\_ Number of Hours/Trips Requested: \_\_\_\_\_\_ Hours \_\_\_\_\_ Trips Dates: \_\_\_\_\_ Regular Number of Hours/Trips Worked Each Day: Hours Trips If Partial Day: Time Left \_\_\_\_\_\_ Time Returned \_\_\_\_\_\_ ABSENCE REASONS □ Personal Sick Leave **Funeral Leave** Family Sick Leave Spouse, Child, Parent (relationship) Other Relative \_\_\_\_\_ □ FMLA (paid or unpaid leave) (relationship) □ Jury Duty □ Friend (One Day Maximum per School Year) □ Personal Business Leave Supervisor's Signature: \_\_\_\_\_ Superintendent's Signature (if required): \_\_\_\_\_ □ Approved □ Not Approved □ Approved, without pay