

Imlay City Schools

AFSCME Absence Report – Chapter B

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

<i>Sick Leave:</i>	<i>Report shall be submitted the first day after returning to work</i>
<i>Funeral Leave:</i>	<i>Shall be requested as soon as the need is known</i>
<i>Personal Business Leave:</i>	<p><i>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.</i></p> <p><i>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.</i></p>
<i>FMLA</i>	<i>FMLA must be approved by the superintendent and includes paid leave through accumulated sick time and unpaid leave.</i>

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 may lead to disciplinary action, up to and including dismissal.

Employee Signature _____ Print Name: _____

Number of Day(s)/Hours Requested: _____ Day(s) _____ Hours Dates: _____

Regular Number of Hours Worked Each Day: _____ Hours

If Partial Day: Time Left _____ Time Returned _____

ABSENCE REASONS

- Personal Sick Leave
- Family Sick Leave _____
(relationship)
- FMLA (paid or unpaid leave)
- Jury Duty
- Personal Business Leave
- Vacation

Funeral Leave

- Spouse, Child, Parent _____
- Other Relative _____
(relationship)
- Friend (One Day Maximum per School Year)

Supervisor's Signature: _____

Superintendent's Signature (if required): _____

- Approved
 Not Approved
 Approved, without pay

