



# **EXPLANATION OF ESSENTIAL INFORMATION FOR COMPLETING ABSENCE FORMS**

## **SCHOOL/LOCATION**

Please fill out school name or LTC department.

## **POSITION**

Please specify your assignment: teacher, Paraeducator, principal, SA's, et cetera.

## **TYPE OF LEAVE**

Please fill out school name or LTC department.

- **Employee Illness or injury** — includes employee doctor/dentist appointments, accidents
- **Emergency Leave** — as per applicable contract
- **Bereavement Leave** — as per applicable contract
- **Approved Absence** — preapproved meeting/travel, jury duty, leave without pay
- **Vacation Leave** — used by those who accrue vacation
- **Personal Leave** — as per applicable contract

## **TOTAL NUMBER OF DAYS ABSENT**

Please put number in this blank — may be whole and/or parts.

## **DISTRICT TO BE REIMBURSED BY**

If the district needs to bill another agency to pay for substitute, please include who, why and where to bill.

## **LIST DATES AND NUMBER OF HOURS ABSENT**

Each date must be listed individually — if employee does not work same number of hour each day or is absent less than a full day, put in number of hours.

## **REASONS FOR ABSENCE**

If Emergency or Bereavement Leave is checked, need complete information to process appropriate leave information correctly.

## **EMPLOYEE SIGNATURE AND EMPLOYEE'S NAME/DATE FORM IS COMPLETED**

Please fill in all blanks to expedite proper processing of leave.

## **PRINCIPAL'S/SUPERVISOR'S SIGNATURE**

This signature is necessary.