

EMPLOYEE ABSENCE REQUEST

Joint School District #171

Name: (Please Print) _____

Personal Leave – Personal leave shall be granted for any reason deemed necessary by the employee at the rate of two (2) days per year. The employee must notify their supervisor at least two (2) days in advance except in case of emergency.

After ten (10) years with the district, personal leave will be increased to three (3) days per year. If personal leave is not taken, the district will allow the accumulation of up to four (4) days. The employee may elect to be reimbursed \$75.00 for Classified staff and \$90.00 for Certified staff for each day not taken – to be paid with the June payroll. No leave will be granted immediately before or after regular vacations listed on the school calendar unless approved by the superintendent. No leave will be granted during the first two weeks or the last two weeks of the scheduled school term unless approved by the superintendent. Personal leave days may be taken as full or half days.

Dates: _____ Number of Days: _____

Sick Leave – “Sick leave” means a leave of absence, with pay, for a sickness suffered by an employee or his or her immediate family. “Immediate family” for purposes of sick leave shall mean the employee’s spouse and children residing in the employee’s household. (“Immediate family” shall mean the employee’s mother, father, grandmother, grandfather or grandchild, or the spouse, son, son-in-law, daughter, daughter-in-law, mother-in-law, father-in-law, sibling or any person living in the immediate family.

Dates: _____ Number of Days: _____

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**Bereavement** – The Board permits leave to employees in case of death in the employee’s immediate family. Immediate family is defined as spouse of the employee, son, daughter, father, mother, brother, sister, grandfather, grandmother, grandchild, son-in-law, daughter-in-law, parent-in-law, or any person living in the immediate household of the employee.

Bereavement leave shall not exceed a maximum of five (5) days per occurrence, of which two (2) days per year shall be granted for death outside the employee’s immediate family. Additional days may be granted by the superintendent.

Dates: \_\_\_\_\_ Number of Days: \_\_\_\_\_

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Vacation – (*full year employees only*) – Must be submitted for approval ten (10) days prior to the first day of vacation.

Dates: _____ Number of Days: _____

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\*Signature denotes approval.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent Signature: \_\_\_\_\_ Date: \_\_\_\_\_