

Maricopa Unified School District
REPORT OF ABSENCE

Aesop Substitute Request Entered? YES or NO N/A

Employee Name: _____

Date(s) of Absence: _____

Time missed: _____

Please note - all day, hours absent or time left/arrived.

PLEASE CHECK THE BOX NEXT TO YOUR REASON FOR ABSENCE

1. Sick Leave Reasons	2. Personal Necessity Reasons	3. Other - Not deducted from sick leave
Personal Illness <input type="checkbox"/>	MUST GIVE 72 HOURS ADVANCE	Vacation - 12 month employees only <input type="checkbox"/>
Personal Dr. Appt. <input type="checkbox"/>	NOTICE FOR SUPT APPROVAL!!	Jury Duty - proof of service <input type="checkbox"/>
Personal Dental/Vision Appt. <input type="checkbox"/>	Child Rearing <input type="checkbox"/>	Bereavement - fill out section below <input type="checkbox"/>
Personal Surgery <input type="checkbox"/>	Family Illness or Dr. Appt. <input type="checkbox"/>	Comp Time - must be on file <input type="checkbox"/>
Maternity Leave <input type="checkbox"/>	Court Appearance <input type="checkbox"/>	Unpaid Personal Leave <input type="checkbox"/>
other-explanation below <input type="checkbox"/>	Paternity Leave <input type="checkbox"/>	Workers' Comp Accident/Illness <input type="checkbox"/>
<input type="checkbox"/>	personal property accident <input type="checkbox"/>	other - explanation below <input type="checkbox"/>
<input type="checkbox"/>	Danger to home or property <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Funeral - non immediate family <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	family wedding or graduation <input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	other - explanation below <input type="checkbox"/>	<input type="checkbox"/>

Explanation if not listed: _____

1. Sick Leave - requires written verification on third consecutive day of absence. Sick Leave accrues from year to year.

2. Personal Necessity - comes from your sick leave. IT IS NOT VACATION! You have 7 days of PN each year. It does not carry over to next year. **Submit 72 hours in advanced for Superintendent approval. In case of emergency call Superintendent for direction.**

3. Other:

Bereavement: Immediate family - spouse, son, daughter, son-in-law, daughter-in-law, mother, father, grandmother, grandfather, grandchild, brother, sister of employee or employee's spouse, or a relative living in the household.

MUST COMPLETE FOR BREAVENTMENT

Family Members Name: _____

Relationship: _____

Workers' Comp Accident/Illness must have arisen out of and in the course of work. You have 60 workdays of this leave after which your remaining leave (*sick leave/vacation*) will be used.

By signing below, I am certifying that the leave information listed is true and correct.

Employee Signature

Date

Superintendent's Authorization

Date

Office Use

Absence Code:

Transaction #

Posting Date: