

Nicasio School District Employee Absence Report

Employee Name: _____

Total Hours Absent: _____

Substitute Name: _____

Date(s) Absent: _____

Full-time employees are entitled to ten (10) days of leave with full pay for each school year for purposes of personal illness or injury. Part-time employees are entitled a pro-rated portion of the ten (10) days based on the percentage of their position in relation to full-time employment.

This form must be filled out by the employee immediately upon return from any absence. In the event an employee's sick leave is depleted, the substitute's daily rate of salary will be deducted from the salary of the employee if the absence would have qualified under use of sick leave. In the event of personal business, or other unexcused absence, the full per diem rate of pay will be deducted from the employee's salary, as required by State Law.

DEDUCTION FROM SICK LEAVE

No more than 7 days of sick leave may be used for personal necessity

# of Hours	Reason for Absence	Comments
	Employee Illness	
	Death of member of immediate family*	Days allowed beyond ** below
	Court appearance as litigant or official witness	Applies to Classified, Administrative, and Confidential employees ONLY. Attach copy of subpoena
	To provide care for ill member of immediate family *	
	Personal necessity deemed reasonable and necessary	Requires PRIOR approval
	Other personal necessity at discretion of employee (3 days max.)	No prior approval required
	Accident involving person, property, member of immediate family *	

DEDUCTION FROM SALARY

	Personal business or other unauthorized absence	Deduct full per diem rate of pay
	Other absence professionally related	Deduct substitute salary only. Requires PRIOR approval of Superintendent
	Excess use of sick leave	Deduct substitute salary only

NO DEDUCTION FROM SICK LEAVE OR SALARY

	Accident while on the job	Work's Comp. Accident report required within 24 hours
**	Death in immediate family	3 days max; 5 days if out of state; attach required statement
	Jury Duty of subpoenaed witness	Attach verification of service or appearance
	Military Reserve Duty	Attach copy of Military orders
	Earned compensatory time	Requires supervisor's approval
	Conference/Workshop or other District related business	Requires supervisor's approval

Employee's Signature: _____ Date: _____

I hereby certify that to the best of my knowledge this employee was absent from duty for the reasons stated above.

Principal/Supervisor's Signature: _____ Date: _____

* Immediate family defined in Education Code 44985, 45194 to include: mother, father, grandmother, grandfather, or grandchild or the employee or of the spouse of the employee; and the spouse, son, daughter, son-in-law, daughter-in-law, brother, or sister, of the employee or any relative living in the household of the employee.