



Columbus City Schools REPORT OF EMPLOYEE ABSENCE

RETURN COMPLETED & SIGNED FORM TO YOUR PRINCIPAL OR IMMEDIATE SUPERVISOR WITHIN 3 DAYS FROM THE LAST DAY OF ABSENCE. CONTACT SUPERVISOR IN CASES OF EXTENDED LEAVE.

LAST NAME

FIRST NAME

MI

EMPLOYEE ID NUMBER

FIRST DATE OF ABSENCE

LAST DATE OF ABSENCE

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Time: _____

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M M D D Y Y Y Y

Time: _____

Certificated/Administrator Number of Days: _____ Record in quarter-day increments.

Classified/Classified Supervisor Number of Hours: _____ Record in quarter-hour increments.

Tutors/Latchkey Number of Hours: _____ Record in quarter-hour increments.

Assigned Building(s) a.m.: _____ p.m.: _____
Example: If a teacher is assigned to different buildings on the day of absence, separate forms must be completed for each location.

Dual Position Titles a.m.: _____ p.m.: _____
Example: An instructional assistant (IA) working at two different buildings or working as an IA in the a.m. and a secretary in the p.m. must complete separate forms at each location.

REASON FOR ABSENCE

Sick Leave

- To comply with federal regulations, medical documentation should be attached by employee after supervisor's signature.
- Medical documentation for personal illness and family illness in accordance with the bargaining unit contract is to be sent to Human Resources.

Personal Illness (See bargaining unit contract for timeframes when medical documentation is required.)

Family Illness Relationship: _____ (See bargaining unit contract for definition and when medical documentation is required.)

Family & Medical Leave Act (FMLA) Initial application requires approval from Human Resources.

Death in Family Relationship: _____ (See bargaining unit contract for definition.)

Work-related Injury Submit an accident report to the Benefits Office within two business days of injury.

Workers Compensation Claim No. (if available): _____

Personal Leave The following do not constitute valid reasons for the use of personal leave: (1) Gainful employment, or (2) Any activity in connection with a strike, "study day," "professional holiday," or any other work stoppage, or any concerted action related to such activities.

Vacation

Other (Requires pre-approval from Human Resources.)

Jury Duty Assoc./Union Leave Professional Leave SL Donation LWOP
 Military Staff Development Religious FFCRA INT

SIGNATURES

To facilitate timely reporting, an employee signature is not necessary on the copy forwarded to Payroll in cases of extended leave.

Supervisor: _____ **Date:** _____

Building: _____ **Phone:** _____

Employee: _____ **Date:** _____

Building: _____ **Phone:** _____

Employee is on extended leave and is not available for signature.

COPIES: PAYROLL OFFICE HUMAN RESOURCE (IF MEDICAL DOCUMENTS ATTACHED) SCHOOL/DEPARTMENT EMPLOYEE