

SICK/PERSONAL BUSINESS/PERSONAL NECESSITY LEAVE

EMPLOYEE ID:

NAME (LAST, FIRST): _____

LOCATION #:

CERTIFICATED
 CLASSIFIED
 FOOD SERVICES

ABSENCE DATES:

FROM DATE: TO DATE:

OF DAYS: HOURS/DAY*: TOTAL HOURS:

*8 HOURS/DAY = FULL TIME ASSIGNMENT

TIMEKEEPER: SEE BELOW FOR TIME REPORTING CODES TO BE USED.

PHYSICIAN'S CERTIFICATION:
NORMALLY REQUIRED FOR ABSENCES OF MORE THAN 5 DAYS. MAY BE REQUIRED FOR ANY ABSENCE IF REQUESTED BY ADMINISTRATOR.

I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE ABOVE PERIOD

PHYSICIAN'S SIGNATURE CA LICENSE # _____

I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE

EMPLOYEE'S SIGNATURE DATE _____

APPROVAL SIGNATURE DATE _____

TIMEKEEPER SIGNATURE DATE ENTERED IN TIME & LABOR _____

TYPE OF LEAVE:

SICK

PERSONAL BUSINESS

PERSONAL NECESSITY:

ACCIDENT
 ACT OF NATURE
 BEREAVEMENT-EXTENSION
 BEREAVEMENT-OTHER
 COURT APPEARANCE
 FAMILY SCHOOL PARTNERSHIP
 FAMILY ILLNESS
 PERSONAL/FAMILY RESPONSIBILITY
 RELIGIOUS HOLIDAY
 OTHER _____

GENERAL INSTRUCTIONS:

- The absences reported on this card are charged against the employee's sick leave bank.
- Two (2) Personal Business Days are only available for OSS members. Members of other bargaining units should instead use allotted Personal Necessity. Personal Necessity days are limited as follows:
 - *CSEA- OTBS: Ten (10) Days *CSEA- PARA: Ten (10) Days *CSEA: OSS: Eight (8) Days
 - *AASD: Eleven (11) Days *SDEA: Eleven (11) Days *POA: Ten (10) Days
- For sick leave, failure of the employee to obtain the certification of a licensed physician when required shall result in the absence being charged to unpaid leave and may be grounds for disciplinary action.
- In the event that there is a concerted withdrawal of services by employees, it shall be the district's policy to require a physician's certification from any employee who is absent on the date of such withdrawal or services, and who applies for sick leave benefits.

Please refer to appropriate collective bargaining contracts and district administrative procedures #AR4161.24, #7134, and #7136 for specific details of available benefits.

TIMEKEEPERS:

Please report the absences in Time and Labor according to the Time Reporting Codes as shown:

Accident	PRN	Court Appearance	PRN	Half Pay Sick Leave-Certificated	SLH	Personal/Family Responsibility	PRN
Act of Nature	PRN	Family Illness	PRN	Half Pay Sick Leave-Classified	LHS	Personal Necessity	PRN
Bereavement-Extension	PRN	Family School Partnership	PRN	Other	PRN	Religious Holiday	RH
Bereavement-Other	PRN			Personal Business Days	PRB	Sick Leave	SLF

Do not send this card to Payroll. Each site is responsible for maintaining their own absence forms. After reporting this leave into Time and Labor, this card must be filed at the site.