

Bayshore School District

Record of Absence

☐ Bayshore Elementary

☐ Bayshore District Office

Employee name _____

Date(s) absent _____ ☐ Full Day: Total Days _____

☐ Partial time absent: _____ AM/PM to _____ AM/PM= Total hours _____

Reason for Absences

Will Affect Sick Leave:

☐ Sick Leave or Medical/Dental appointment

☐ Personal Necessity Leave *Reason must be noted:*

- ☐ Additional bereavement leave
- ☐ Accident involving the staff member's person or property, or the person or property of the staff member's immediate family
- ☐ Appearance in court as a litigant, or as a witness under official order (documentation must be attached). (Must submit 5 days in advance.)
- ☐ Adoption of a child (Must submit 5 days in advance.)
- ☐ Birth of a child
- ☐ Religious holidays or family events which are not planned by the member, as mutually agreed upon by the member and immediate supervisor. (Must submit 5 days in advance.)
- ☐ Other emergencies, which are not planned by the member and which cannot reasonably be deferred to another day or time.

☐ No-Tell Leave (Must submit 5 days in advance.)

Will NOT Affect Sick Leave Balance:

☐ Worker's Comp

☐ Bereavement*

☐ Jury Duty (Attach copy of subpoena or certificate of the clerk)

☐ Off Campus conference, workshop, fieldtrip etc. (Please attach documentation if applicable)

☐ On Campus planning, assessment, meeting etc.

☐ Vacation (12 month employees only)

*Staff members shall be entitled to a leave on account of death of any member of the immediate family.

Members shall receive five (5) days leave. An additional two (2) days shall be provided if the death is a spouse, domestic partner, or child of the unit member.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____