

GALENA PARK INDEPENDENT SCHOOL DISTRICT ABSENCE REPORT

EMPLOYEE NAME: _____
(NAME AS LISTED ON CHECK)

LOCATION: _____

EMPLOYEE ID #: _____

USE THESE ABBREVIATIONS IN REASON FOR ABSENCE COLUMN

- | | | |
|-------------------------------------|--------------------------------|---------------------------|
| AL - Administrative Leave | DOCK - Dock | COMP - Compensatory Time |
| BLL - Bereavement Leave / Local | PIL - Personal Illness / Local | DEV - Staff Development |
| BLS - Bereavement Leave / State | PIS - Personal Illness / State | JURY - Jury Duty |
| FIL - Family Illness / Local | PLL - Personal Leave / Local | MILT - Military Duty |
| FIS - Family Illness / State | PLS - Personal Leave / State | NOLV - Non-Leave/Non-Duty |
| FMLL - Family Medical Leave / Local | WCL - Worker's Comp / Local | VAC - Vacation |
| FMLS - Family Medical Leave / State | WCS - Worker's Comp / State | WORK - School Business |

For family illness or death, state relationship _____
(Family = spouse, son/daughter, son/daughter-in-law, parent, parent-in-law, sibling, sibling-in-law, grandparent and grandchild)

For school business, specify where, what, and why _____

FOR PERSONAL LEAVE, JURY DUTY OR MILITARY DUTY, ATTACH SUPPORTING DOCUMENTATION

DOCUMENTATION CHECKLIST

- | | |
|--|---|
| <input type="checkbox"/> Jury Duty Receipt | <input type="checkbox"/> Military Assignment/Orders |
| <input type="checkbox"/> Attending Physician's Statement | <input type="checkbox"/> Approved Personal Leave Request Form
(Signed by principal/department supervisor for pll or pls) |

NOTE: A statement from the attending physician is required for:
 * More than five (5) consecutive workdays due to illness or injury of the employee.
 * More than five (5) consecutive workdays due to illness or injury in the immediate family.

DATE OF ABSENCE	WHOLE OR HALF DAY	REASON FOR ABSENCE	SUB REQUIRED? YES or NO	APPROVED (Administrator's Signature)

"I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT."

EMPLOYEE'S SIGNATURE

DATE