Columbia School District

**ABSENCE REPORT**

***Any correction for absences previously reported must be submitted to the Payroll Office by supervisors within three payroll periods. Adjustments/corrections to leave errors cannot be made beyond three pay cycles and cannot cross fiscal years. If the error is reported in the next fiscal year, it cannot be corrected, even if it is within three pay cycles. There will be no exceptions.***

This absence, if approved, is to be considered as the following type of leave (in accordance with the Board of Education’s policies regarding absences, and if available). **Enter the date and the number of hours used for the leave type taken below.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Type of Leave | Monday | Tuesday | Wednesday | Thursday | Friday |
| Date: \_\_\_ / \_\_\_ | Date: \_\_\_ / \_\_\_ | Date: \_\_\_ / \_\_\_ | Date: \_\_\_ / \_\_\_ | Date: \_\_\_ / \_\_\_ |
| Vacation |  |  |  |  |  |
| Sick Leave (regular) |  |  |  |  |  |
| FMLA Sick |  |  |  |  |  |
| Personal Paid |  |  |  |  |  |
| Educational Leave |  |  |  |  |  |
| Jury Duty |  |  |  |  |  |
| Workers Comp |  |  |  |  |  |
| Military Leave |  |  |  |  |  |
| Athletic Coaching |  |  |  |  |  |

Cancel lunch autodeduct:

I hereby certify that the above information is in accordance with the facts.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E0 \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_

Date Employee’s Signature CPS ID #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Supervisor’s Signature REV 5/17/2018

Columbia School District

**LEAVE REQUEST FORM**

Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date(s) of Absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the time of the absences. If a substitute is required, indicate the time the substitute needs to arrive at school and the time the substitute is expected to leave.

Full Day Half Day – AM Other: Time Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub arrives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Half Day – PM Time returning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub leaves: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No substitute required

Type of leave to be taken (check one): Sick FMLA Sick Workers Comp Sick Personal Paid

Vacation Military Leave Educational Leave Jury Duty Athletic Coaching

I have reviewed the above request and approve / disapprove this employee’s absence as requested.

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**: Upon returning to duty, the employee is required to complete the Columbia School District ABSENCE REPORT on the reverse side of this card.