

NON EXEMPT EMPLOYEE WEEKLY LEAVE REPORT

Name _____ Employee ID# _____ Campus/Dept _____
 ___ Clerical/Paraprofessional ___ Head Start ___ Technology ___ Manual Trades

Leave is granted in accordance with policy DEC. **You may elect the order in which you use leave.** The leave you elect must coincide with the reason for your absence. If you do not make an election on this form or if the leave you elect does not have a balance, the district will apply available leave in the order below, as applicable. Your election will only be accepted on this form and you may not change your election after the form is submitted.

1. State Sick Leave (prior to 1995-96) - Used for personal illness, illness of or death in immediate family or family emergency.

2. Local Sick Leave - Used for personal illness, illness of or death in immediate family or family emergency.

3. State Personal Leave - Discretionary or Non-Discretionary

Non-discretionary - Used for personal illness, illness in or death of immediate family or family emergency.

Discretionary - Taken at employee's discretion, subject to limitations. Written request to supervisor 3 days in advance required.

- *If you are absent more than five consecutive workdays for personal illness or illness in immediate family – medical certification is required.*
- *If you are absent more than three days on extended leave (as related to FMLA) – you must notify Renee Dunagan 947-3838 ext 788.*

Date(s) of Absence	Reason	Election of Leave	# Hours	
	<input type="checkbox"/> Personal illness or medical appointment <input type="checkbox"/> Family medical illness/appointment – Specify relationship: _____ <input type="checkbox"/> Death in family – Specify relationship: _____ <input type="checkbox"/> Personal business – <i>Three day notice required.</i> <input type="checkbox"/> Jury duty – Attach copy of summons <input type="checkbox"/> Professional Development: Title _____ <input type="checkbox"/> Other: Specify: _____	<input type="checkbox"/> State Sick Leave <input type="checkbox"/> Local Sick Leave <input type="checkbox"/> State Personal Leave		
	<input type="checkbox"/> Personal illness or medical appointment <input type="checkbox"/> Family medical illness/appointment – Specify relationship: _____ <input type="checkbox"/> Death in family – Specify relationship: _____ <input type="checkbox"/> Personal business – <i>Three day notice required.</i> <input type="checkbox"/> Jury duty – Attach copy of summons <input type="checkbox"/> Professional Development: Title _____ <input type="checkbox"/> Other: Specify: _____	<input type="checkbox"/> State Sick Leave <input type="checkbox"/> Local Sick Leave <input type="checkbox"/> State Personal Leave		
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Substitute Name (if applicable)	Sub ID#	Date(s) Worked	Budget Code	# Days

Employee Signature _____ Date _____

Principal or Supervisor Signature _____ Date _____