**WOODVILLE UNION SCHOOL DISTRICT**

**Absence Request Form**

Request From: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All employees (Classified & Certificated) must call the absence hotline and turn in a completed absence request form to the District when absent. The system will find a sub if you require one.**

**Website: www.frontlinek12.com or (800) 942-3767**

**Type of Absence:** (Check One)

* **Sick leave** (Attach a copy of Dr's note if more than 3 days absent)
* **Personal Necessity/Kin Care** (Total of 7 days, deducted from Sick Leave)

Must provide reason for absence. If absence is for an immediate family member, please provide reason and relationship below.

* **Personal Leave** (Four (4) of the seven (7) days may be taken for any reason. Max 4 days per year, deducted from Personal Necessity Leave)*WTA: Bargaining Unit Members are required to request personal necessity leave from their immediate supervisor* ***at least forty-eight (48) hours prior*** *to the usage of such leave. CSEA: Four (4) days may be used for any reason provided that notice is given to the Superintendent* ***at least forty-eight (48) hours prior*** *to usage for such leave.*
* **Bereavement** (5 days for death of any of the members below)

*(mother, father, grandmother, grandfather, of the employee or spouse of the employee, and the spouse, son, son-in-law, daughter, daughter-in-law, brother or sister of the employee, or a stepdaughter, step-son, step-mother, step-father for the employee, or any relative living in the immediate household of the employee)*

* **Jury Duty** (Attach a copy of summons and proof when you attend)
* **Maternity Leave** □ **Industrial Accident** □ **Comp Time** □ **Vacation** (Classified Only)
* **School Business** (Provide description and documentation, i.e. flyer, agenda) ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) of Absence: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Number of Hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_ (times)

Teachers please identify whether absence is a full or 1/2 day

*\* NOTE: Per Article VII Leaves, for any type of leave specified, leave must be take in not less than one-half (1/2) day increments.*

Reason/Relationship for Absence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Employee Date

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

Signature of Administrator/Supervisor (Approved □ Yes □ No) Date

**For Office Use Only:**

Sub Hired? □ No □ Yes (Full or 1/2 day) Name of Sub: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Entered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sick Leave Balance: \_\_\_\_\_\_\_\_ Personal Necessity/Kin Care Balance: \_\_\_\_\_\_\_\_

Deducted from Sick Leave: □ No □ Yes Initials: \_\_\_\_\_\_\_\_\_\_\_