

# Education Support Personnel Absentee Report

I, \_\_\_\_\_, certify that I was unable to work on the following dates:

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Date(s) Missed	Name of Position/Work Site
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Please deduct \_\_\_\_\_ day(s) from my sick leave.

Please deduct \_\_\_\_\_ day(s) from my personal leave.

This leave can be used for personal purposes but has a maximum of 2 days per year. If unused, all or any portion of these days will be accumulated as sick leave for the following year.

Substitute who filled in: \_\_\_\_\_

Address: \_\_\_\_\_

Please pay the above named substitute for \_\_\_\_\_ day(s).

**Please check appropriate reason:**

\_\_\_\_ Personal Illness

\_\_\_\_ Illness-Member of Family (Name of relative \_\_\_\_\_)

\_\_\_\_ Death-member of Immediate Family (Family Relation \_\_\_\_\_)

I certify that the above statements are true.

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Signature of Employee	Date
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Signature of Supervisor	Date
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**SICK LEAVE ALLOWED-** "Sick Leave" shall mean leave of absence because of: illness of a employee from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a employee, including the employee's wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, or son-in-law, brother-in-law, or sister-in-law: however, upon written request of the employee accompanied by a statement from her/his physician verifying pregnancy, any teacher who goes on maternity leave shall be allowed to use all or a portion of her accumulated sick leave for maternity leave purposes "during the period of her physical disability only, as determined by a physician." TCA 49-1314 as amended by Chapter 78 of the Public Acts of 1979.

**BEREAVEMENT LEAVE** is for a maximum of 3 days per death (non-accumulative) for the death of the following: employee's spouse, parent, step-parent, brother, sister, step-brother/sister, child, step-child, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, grandparent, grandchild. You may use 2 additional sick leave days in addition to the 3 days of bereavement leave with the approval of your principal.

I understand that in case this request is for four or more days in succession that a doctor's certificate must accompany the request.

I understand that any sick leave request for more days than I have accumulated will be deducted from my salary.