

CESA 8

Central Office Absence Report

Today's Date: _____

Name: _____

Department: _____

Date(s) of Absence: _____

Reason for Absence: _____

Please apply absence to the following:

_____ **Day(s) Sick Leave** (Paid Days determined by % of employment)

_____ **Day(s) Vacation** (Paid Days determined by length and % of employment)

_____ ***Day(s) PTO** (2 Paid Days determined by length and % of employment)

_____ ***Day(s) Bereavement** (immediate family per policies 3433 & 4433)

_____ ***Temporary Leave** (Unpaid due to: Illness, Family Leave, Bereavement (non-immediate family), Legal, Jury Duty, Professional, Military, Political, or Other as approved by CESA 8 Administration)

***PLEASE PROVIDE EXPLANATION FOR REQUEST:**

Employee: _____
(Please Print)

Signature

Approved Denied Supervisor: _____ Date: _____
Signature

Approved Denied Administrator: _____ Date: _____
Signature