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**PEWAMO-WESTPHALIA COMMUNITY SCHOOLS**

**SUPPORT STAFF ABSENCE FORM**

NAME: Click here to enter text.

DATE OF FILING REPORT: *Click here to enter a date.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DATE(S) OF ABSENCE** | **SELECT TYPE OF ABSENCE** | **# OF DAYS** | **YES - SUB REQUIRED** | **NO - SUB NOT REQUIRED** |
| Click here to enter a date. | Choose an item. | Click here to enter text. |[ ] [ ]
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\*Requires prior administrative approval**

**It is the responsibility of the employee to be aware of leave balances prior to submission of this form. Effective 7/1/2015, per the bargaining unit contract, employees with no paid Vacation Leave will be allocated personal leave at the beginning of each contractual year in accordance with the chart below. Unused personal leave days will be added to a Personal Leave Bank with a maximum of 6 days.**

|  |  |
| --- | --- |
| **CLASSIFICATION** | **PERSONAL LEAVE** |
| **Custodians** | **Up to 5** |
| **Extended Yr Secretarial/Clerical** | **Up to 4** |
| **All Other Classifications** | **Up to 3** |

**Any leave requested beyond your current balances will be unpaid and MUST be approved by the superintendent and/or Board of Education. The information entered on this form is to be interpreted by the supervisor as a true representation of your leave time.**

If Conference, please indicate location, sponsor and explanation of benefit:

Click here to enter text.

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Employee Signature Date

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Supervisor Signature Date

Rev 3/15