

# CONFIDENTIAL/SUPERVISORY EMPLOYEES ABSENCE REPORT FORM

Name \_\_\_\_\_ Department \_\_\_\_\_

Date(s) of Absence \_\_\_\_\_ Total Hours \_\_\_\_\_

- Bereavement Leave** - A unit employee shall be entitled to a maximum of five (5) days leave of absence, or seven (7) days leave of absence if travel of more than two hundred (200) miles one way is required, without loss of salary, on account of the death of any member of his/her immediate family. Immediate family shall include the following:

**For the Employee:**

|                                      |                                      |   |  |  |
|--------------------------------------|--------------------------------------|---|--|--|
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Father      | <input type="checkbox"/> Grandmother    | <input type="checkbox"/> Grandfather                 | <input type="checkbox"/> Grandchild                          |
| <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Step-Child  | <input type="checkbox"/> Step-Sibling   | <input type="checkbox"/> Great-Grandparent           | <input type="checkbox"/> Great-Grandchild                    |
| <input type="checkbox"/> Spouse      | <input type="checkbox"/> Son         | <input type="checkbox"/> Son-in-law     | <input type="checkbox"/> Daughter                    | <input type="checkbox"/> Daughter-in-law                     |
| <input type="checkbox"/> Brother     | <input type="checkbox"/> Sister      | <input type="checkbox"/> Brother-in-law | <input type="checkbox"/> Sister-in-law               | <input type="checkbox"/> Aunt                                |
| <input type="checkbox"/> Uncle       | <input type="checkbox"/> Niece       | <input type="checkbox"/> Nephew         | <input type="checkbox"/> Registered Domestic Partner | <input type="checkbox"/> Other member of Immediate Household |
| <input type="checkbox"/> Great-Aunt  | <input type="checkbox"/> Great-Uncle |   |  |  |

**For the Employee's Spouse or Registered Domestic Partner:**

|  |   |                                      |                                      |                                     |                                      |                                     |                                       |
|--|---|--------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Mother            | <input type="checkbox"/> Father           | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandchild | <input type="checkbox"/> Step-Parent | <input type="checkbox"/> Step-Child | <input type="checkbox"/> Step-Sibling |
| <input type="checkbox"/> Great-Grandparent | <input type="checkbox"/> Great-Grandchild | <input type="checkbox"/> Aunt        | <input type="checkbox"/> Uncle       | <input type="checkbox"/> Niece      | <input type="checkbox"/> Nephew      | <input type="checkbox"/> Great-Aunt | <input type="checkbox"/> Great-Uncle  |

- Personal Necessity Leave** - This type of leave is provided for a sudden and unplanned absence that causes the unit member to be absent. Personal necessity leave is charged against the employee's sick leave. Check the appropriate box below or complete other.

*Reason (Please check appropriate box)*

|  |   |   |   |  |
|--|---|---|---|--|
| <input type="checkbox"/> Death of a member of the immediate family when leave is required beyond that provided by Bereavement Leave.   | <input type="checkbox"/> Attendance at the funeral of a relative or close personal friend of the unit employee.                             | <input type="checkbox"/> Appearance in any court or before any administrative tribunal as a litigant, party, or witness under subpoena or any other order made with Jurisdiction. | <input type="checkbox"/> An illness or injury to a member of the unit employee's immediate family, which is serious in nature (doctor's appointment).         | <input type="checkbox"/> The birth of a child making it necessary for a unit employee who is either the father or grandparent of the child to be absent from their position. |
| <input type="checkbox"/> Imminent danger to the home of the unit employee when the danger requires the attention of the employee during their assigned hours of service (flood, fire, earthquake, etc.). | <input type="checkbox"/> With the advance approval of the VP, Human Resources, participation in lawful meetings, activities or observances. | <input type="checkbox"/> Accidents involving his/her person or property, or the person or property of a member of their immediate family.   | <input type="checkbox"/> The adoption of a child making it necessary for the father/mother to be absent from their position during their assigned work hours. | <input type="checkbox"/> Transportation problem requiring the unit member to be absent from his/her position any part of their assigned working hours.                       |

- Floating Holiday**

- Confidential Day**

- Supervisory Day**

- Jury Duty** (Please attach appropriate documentation from the court.)

- Absence without Pay** - If a unit member must miss work for a reason other than vacation, illness, jury duty, bereavement or personal necessity, the absence will be without pay.

- Other:** \_\_\_\_\_

**COMP TIME or OVERTIME AUTHORIZATION** (must be approved in advance and signatures obtained prior to working.)

|   |                                    |                                   |                                 |
|---|------------------------------------|-----------------------------------|---------------------------------|
| Date(s) _____ # of hours requested _____        | <input type="checkbox"/> Comp Time | <input type="checkbox"/> Overtime | FROM _____ am/pm TO _____ am/pm |
| Reason _____                                    |                                    |                                   |                                 |
| Authorization request to take earned comp time: | Date(s) _____                      | Hours _____                       |                                 |

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

- Approved  Not Approved

Reason: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE SUBMIT THIS FORM TO YOUR SUPERVISOR AS SOON AS POSSIBLE.**

Please provide copies to:  Payroll  Manager  Employee