

# ORCHARD VIEW SCHOOLS

## Report of Absence/OV-MESPA

In all cases of absence, OV-MESPA employees are required to fill out this absence report showing the duration of the absence, the date, and full explanation of the absence.

Name: \_\_\_\_\_

Date absence began: \_\_\_\_\_ Date of return to duty: \_\_\_\_\_

Number of days absent: \_\_\_\_\_ Substitute: \_\_\_\_\_

Reason for absence (Check One):

\_\_\_\_\_ Association Day

\_\_\_\_\_ Inservice/Conference

\_\_\_\_\_ Jury Duty

\_\_\_\_\_ Non-scheduled

Sick Leave:

\_\_\_\_\_ Illness or disability of the employee

\_\_\_\_\_ Illness in the immediate family in the employee's household, or outside the employee's household. Immediate family is defined as the employee's mother, father, son, daughter, grandchildren and spouse, including step children. Use for other family relations outside the household may be approved by the building principal and a central office administrator when in their judgment it is warranted up to five (5) days

\_\_\_\_\_ An employee may take one sick day for funeral or memorial service where the relationship so warrants.

Bereavement Leave—Relationship: \_\_\_\_\_

\_\_\_\_\_ Up to five (5) days off for death in the family not deducted from sick leave for the following members of the employee's family in or out of his/her home: husband, wife, son, daughter, mother, father, brother, sister, grandchildren, mother-in-law, father-in-law, including step children and step parents..

Up to two (2) days, not deducted from sick leave shall be granted for the death of the employee's brother-in-law, sister-in-law, daughter-in-law, son-in-law, grandparents, and grandparents-in-law.

Up to one (1) day, not deducted from sick leave shall be granted for the death of an aunt or uncle (including in-laws), niece and nephew.

Additional days may be granted by the Superintendent, or designee, upon request from the bargaining unit member using from their sick leave bank.

Personal Leave:

\_\_\_\_\_ Note: Personal Leave must be scheduled according to the provisions in the contract.

Vacation:

\_\_\_\_\_ Note: Vacation must be scheduled according to the provisions in the contract.

I certify that the above claim for payment for the day(s) of absence complies with the provisions of the Master Agreement and/or the established Board of Education policies.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Absence without pay shall be granted for specific purposes as outlined in the Master Agreement. Unpaid Leave will be approved on a case by case basis upon approval of the Superintendent.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date