

# **ORCHARD VIEW SCHOOLS** **Report of Absence - MEA/NEA**

In all cases of absence, Teachers are requested to fill out this absence report.

NAME OF EMPLOYEE \_\_\_\_\_

DATE ABSENCE BEGAN \_\_\_\_\_ DATE OF RETURN TO DUTY \_\_\_\_\_

NUMBER OF DAYS OF ABSENT \_\_\_\_\_ SUBSTITUTE \_\_\_\_\_

**REASON FOR ABSENCE (Check One):**

\_\_\_\_\_ Association Day \_\_\_\_\_ In-Service

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

**Sick Leave –**

\_\_\_\_\_ Illness or disability of the individual

\_\_\_\_\_ Death of a relative or death where obligation warrants

\_\_\_\_\_ Illness or disability in the home

\_\_\_\_\_ Illness outside the home where obligation warrants  
 (Verification of obligations may be required)

\_\_\_\_\_ Absence by exposure to contagious disease

**Leave Because of Death in the Immediate Family – Relationship \_\_\_\_\_**

\_\_\_\_\_ Up to five (5) days off for death in the family not deducted from  
 sick leave (see reverse side of sheet)

**Personal Leave –**

\_\_\_\_\_ Note: Personal leave must be scheduled according to the  
 provisions in the Master Agreement (see reverse side of  
 sheet)

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 –**

\_\_\_\_\_ The days of absence listed above, although arranged with the  
 Superintendent, are not allowable as paid absence under the Master  
 Agreement and are taken without pay.

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

\_\_\_\_\_  
 Date

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

\_\_\_\_\_  
 Date