

# LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

1343 E 7<sup>th</sup> St, Lockport, IL 60441

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## ABSENCE REPORT

A copy of this report shall be completed for each period of planned absence. Reports for sick leave category will be filled out by Cooperative Executive Secretary with a copy sent to employee. Absence shall be categorized and defined within the limits prescribed by the LASEC Policy. All leaves approved are contingent upon the employee's accumulated sick days to date.

1. **Sick Leave**

Sick leave is defined as personal illness, mental or behavioral complications, quarantine at home, serious illness or death in the immediate family or household, birth, adoption, placement for adoption, or acceptance of a foster child. The immediate family for this section shall include: parents, spouse, brothers, sisters, children, grandparents, grandchildren, parents-in-law, sisters-in-law, brothers-in-law, and legal guardians. The extended family for purposes of this section shall include: nieces, nephews, and cousins. **Sub Required:** YES NO

2. **Personal Leave**

Staff may be granted upon approval by the Executive Director, three (3) personal leave days (with pay) every school year, provided that such days are not immediately before or after a school vacation or holiday. Personal leave will be interpreted as absent due to business matters that cannot be handled other than at a specific time during a school day, i.e. court days, personal family matters of an urgent nature. Requests for use of a personal leave day shall be made to the Executive Director at least one week in advance. In cases of emergency situations, exceptions may be granted. **Sub Required:** YES NO

3. **Vacation**

ALL vacation days shall be approved in advance by the Executive Director. **Sub Required:** YES NO

4. **Bereavement**

Full-time personnel may be granted in the event of a death in the immediate family, three (3) days for bereavement. Immediate family shall include: spouse, parent, step-parent, legal guardian, children, grandchildren, grandparents, brothers or sisters. In the event of the death of other family members, full-time personnel will be allowed two (2) days for bereavement. Other family shall include: parents-in-law, brother-in-law, sister-in-law, daughters-in-law, sons-in-law, aunts and uncles. These days will be neither sick leave nor personal leave. A bereavement day will be granted upon request to the Executive Director or the designee. **Sub Required:** YES NO

5. **Leave Without Pay**

May include personal reasons not included in categories above or days of absence when limit of other leaves have been exhausted at the discretion of the Executive Director. **Sub Required:** YES NO

6. **Jury Duty**

Attach a copy of the Jury Duty Notice with this form for approval by the Executive Director. **Sub Required:** YES NO

7. **In-service or Professional Leave Day**

Attendance shall be at the discretion of the Supervisor with the final approval by the Executive Director. Please attach completed and signed "Request For In-service or Professional Leave Day" form. **Sub Required:** YES NO

8. **Other:** \_\_\_\_\_

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

School Year \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Total Days Absent \_\_\_\_\_

1 2 3 4 5 6 7 8

Circle number indicating reason for absence:

Please explain reason: \_\_\_\_\_

Employee's Signature \_\_\_\_\_  
(Required for all but sick leave)

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

Executive Director Signature \_\_\_\_\_

Date \_\_\_\_\_

Total Days Used \_\_\_\_\_ Balance \_\_\_\_\_