LOCKPORT AREA SPECIAL EDUCATION COOPERATIVE

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 shall be interpreted as being personal illness, quarantine at home, or serious illness or death in the immediate family or household or death in the extended family or birth, adoption, or placement for adoption. The immediate family for purposes of this section shall include: parents, spouse, domestic partner, 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, and etc. 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 made 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, domestic partner, step-parent, legal guardian, children, grandchildren, brother or sister. 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: grandparents, grandparents-in-law, 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. **Inservice 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 Inservice or Professional Leave Day" form. **Sub Required**: YES NO

8. **Other:** _____

Name: _____ School Year _____

Date(s) Absent: _____ Total Days Absent _____

Circle number indicating reason for absence: 1 2 3 4 5 6 7 8

Please explain reason: _____

Employee's Signature _____ Date _____
(Required for all but sick leave)

Supervisor Signature _____ Date _____

Executive Director Signature _____ Date _____

Total Days Used _____ Balance _____
Personnel Coordinator Business Office Employee

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Revised 5/2016