Employees covered by a collective bargaining agreement will follow their contract's terms and provisions

Lockport Area Special Education Cooperative

Absence Request 2026-2027

Sick Leave: Sick leave is defined in State law as personal illness, mental or behavioral complications, quarantine at home, serious illness or death in the immediate family or household, or birth, adoption, placement for adoption, or the acceptance of a child in need of foster care. As a condition for paying sick leave after three days absence for personal illness, the Board or Executive Director may require that the staff member provide a certificate from: (1) a physician licensed in Illinois, (2) a mental health professional licensed in Illinois providing ongoing care or treatment to the staff member, (3) a chiropractic physician licensed under the Medical Practice Act, (4) a licensed advanced practice registered nurse, (5) a licensed physician assistant, or (6) if the treatment is by prayer or spiritual means, a spiritual adviser or practitioner of the employee's faith.

SUB REQUIRED **YES** ☐ **NO** ☐

Personal Leave: Personal leave shall be interpreted as being absent due to business matters that cannot be handled other than at the specified time during a school day, i.e., personal family matters of an urgent nature, etc. Requests must be made in writing to the Executive Director using the proper form at least one week in advance. Personal leave days will not be granted for days immediately before or after a holiday or school vacation. However, in emergency situations, such requests may be considered for approval by the Director. Employees must be employed at least half-time to qualify for personal leave.

SUB REQUIRED **YES** ☐ **NO** ☐

Vacation: Twelve-month employees are eligible for paid vacation days. All vacation requests shall be approved by the Executive Director.

SUB REQUIRED **YES** ☐ **NO** ☐

Family Bereavement Leave: Full time Educational Support Personnel may be granted in the event of a death in the immediate family, two (2) days to attend the funeral. These days will be neither sick leave nor personal leave. A bereavement day will be granted upon request to the Executive Director or designee. Immediate family is defined as: parents, stepparents, spouse, children, grandchildren, daughter-in-law, son-in-law, brothers, sisters, grandparents, parents-in-law, brothers-in-law, sisters-in-law, aunts, uncles and legal guardians. Sick days may be utilized for funerals as determined by the Executive Director. (Employees covered under collective bargaining agreements will follow the content of the contract)

SUB REQUIRED **YES** ☐ **NO** ☐

Leave Without Pay: May include personal reasons not included in any of the categories listed above or days of absence when the limit of the other leaves has been exhausted.

SUB REQUIRED **YES** ☐ **NO** ☐

Jury Duty: Please include a copy of the jury duty notice with this request form for approval to the Executive Director or designee.

SUB REQUIRED **YES** ☐ **NO** ☐

Professional Leave: Please submit your request along with an "In-Service or Professional Leave Day" form. Both forms must be signed by your supervisor prior to submitting them to the Executive Director for final approval.

SUB REQUIRED **YES** ☐ **NO** ☐

School Year 2026-2027

Full Name: _____

Date(s) Absent: _____ Total Days Absent: _____

Full Day ☐ AM ☐ PM ☐

Reason for your absence: _____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Executive Director's Signature: _____ Date: _____

Total Days Used: _____ Balance: _____