

Office Use: Date Form Received in Office \_\_\_\_\_ by \_\_\_\_\_ (initial)

## Almont Community Schools AEA Absence Form

Employee Name (print): \_\_\_\_\_

Date form turned in to office: \_\_\_\_\_

### Personal Leave

No more than six (6%) percent of the teaching staff shall be allowed to be absent for personal business on any one work day unless mitigating circumstances occur. **Personal days may not be used immediately before or after a school break (e.g. Christmas break, spring break, etc.) only upon Administration approval.** Unused Personal Days at the end of each school year are non-accumulative as personal days. However, such unused personal days shall be converted into the employee's accumulated sick leave at the end of the year.

### Sick Leave

Sick leave, with pay, shall be granted for bona-fide personal illness or quarantine, serious illness in the immediate family, or death of a near relative up to a total amount of ten (10) days in each teaching year, with the unused portion accumulating to the particular teaching credit, to a total of sixty (60) days. The employee must notify the Administration or his/her designee twelve 12 hours before the official start of school for that employee, barring emergencies.

### Bereavement

Days with pay shall be granted to the employee in the event of a death in the immediate family or of a near-relative:

- Three days, if 200 or less miles one-way travel is involved.
- Five days, if more than 200 miles one-way travel is involved.

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### **APPROVAL IS CONDITIONAL UPON HAVING THE DAYS ACCRUED**

It is the employee's responsibility to make certain leave time is available.

Number of Days Requested \_\_\_\_\_ Date(s) \_\_\_\_\_

If partial day (circle one) A.M or P.M Date \_\_\_\_\_

### **Check one:**

Sick \_\_\_\_\_ Personal \_\_\_\_\_ Bereavement \_\_\_\_\_ (explain relationship) Jury Duty \_\_\_\_\_

**Are requested days immediately before or after a scheduled school break (circle): YES or NO**

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Superintendent Signature \_\_\_\_\_  
\_\_\_\_ Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved (if necessary)

Date: \_\_\_\_\_ Date: \_\_\_\_\_