

Almont Community Schools AEA Absence Form

Employee Name (print): _____ Today's Date: _____

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 Superintendent 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 teacher's credit, to a total of sixty (60) days. The employee must notify Administration or his/her designee twelve 12 hours before the official start of the school day of an employee's illness, 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:

- One - Three days, if 200 or less miles one-way travel is involved.
- One - Five days, if more than 200 miles one-way travel is involved.
- One day per year for death of a person that is not immediate family or extended family

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 _____

Reason for Absence:

Sick Leave

Personal Leave

Other

_____ Self _____ Personal Business _____ Bereavement (relationship)
_____ Family (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 ____ Without Pay ____ Approved ____ Not Approved (if necessary)

Date: _____ Date: _____