

ORCHARD VIEW SCHOOLS

Report of Absence/OV-MESPA

In all cases of absence, OV-MESPA employees are required to fill out this absence report showing the duration of the absence, the date, and full explanation of the absence.

Name: _____

Date(s) of absence(s): _____

Number of days absent: _____ Substitute: _____

Reason for absence (Check One):

_____ Association Day

_____ Inservice/Conference

_____ Jury Duty

_____ Non-scheduled

Sick Leave:

_____ Illness or disability of the employee

_____ Illness in the immediate family in the employee's household, or outside the employee's household. Immediate family is defined as the employee's mother, father, son, daughter, grandchildren and spouse, including step children. Use for other family relations outside the household may be approved by the building principal and a central office administrator when in their judgment it is warranted up to five (5) days

_____ An employee may take one sick day for funeral or memorial service where the relationship so warrants.

Bereavement Leave—Relationship: _____

_____ Up to five (5) days off for death in the family not deducted from sick leave for the following members of the employee's family in or out of his/her home: husband, wife, son, daughter, mother, father, brother, sister, grandchildren, mother-in-law, father-in-law, including step children and step parents..

Up to two (2) days, not deducted from sick leave shall be granted for the death of the employee's brother-in-law, sister-in-law, daughter-in-law, son-in-law, grandparents, and grandparents-in-law.

Up to one (1) day, not deducted from sick leave shall be granted for the death of an aunt or uncle (including in-laws), niece and nephew.

Additional days may be granted by the Superintendent, or designee, upon request from the bargaining unit member using from their sick leave bank.

Personal Leave:

_____ Note: Personal Leave must be scheduled according to the provisions in the contract.

Vacation:

_____ Note: Vacation must be scheduled according to the provisions in the contract.

I certify that the above claim for payment for the day(s) of absence complies with the provisions of the Master Agreement and/or the established Board of Education policies.

Administrator's Signature

Date

Employee's Signature

Date

_____ **Absence without pay shall be granted for specific purposes as outlined in the Master Agreement. Unpaid Leave will be approved on a case by case basis upon approval of the Superintendent.**

Administrator's Signature

Date

Employee's Signature

Date