

EMPLOYEE EXTENDED ABSENCE NOTIFICATION

Directions: When employee has been or will be absent for 5 or more consecutive days, the building/department secretary or administrator (in consultation with employee) completes as much of Part I as possible then forwards copies (see distribution for PART I below) to Superintendent's Office (certified) or Business Office (classified). The central office administrator completes any missing information & forwards to the Treasurer. On the employee's FIRST day back, the employee completes PART II, then the building/department administrator (or designee) signs & distributes copies (see distribution for PART II below). Questions about types of leave available should be directed to the Superintendent's Office (certified) or Business Office (classified).

PART I: INFORMATION NEEDED IMMEDIATELY BY PAYROLL when extended absence begins:

Check one: Original Notice Updated Notice with corrections/changes – Update No. _____ Use to modify an earlier notice.

Employee name (print legibly) _____ Social Security Number _____ Bldg/Dept _____ CERTIFIED CLASSIFIED
 Circle one please

The employee shown above has been or will be absent from work for 5 or more consecutive days. This absence may be planned or unexpected. The data below shows the best information currently available for how this absence should be treated for payroll purposes. Updates will be submitted if the information changes.

Intended last day worked _____ Actual last day worked _____ Projected return date (see note at bottom) _____ Current _____ (from most current
 Balances Sick Pers Vac pay stub)

Type of Leave See the appropriate union contract for types of official leave available to the employee. Several types are shown below but others are listed in the respective contracts. Use "Other" option for those not specifically listed below but be sure to list the type of official leave being used. (This could be a combination of *paid* days like sick, personal or vacation days followed by *unpaid* official leave.)

- No official leave type specified but employee is using *paid* (check all that apply) _____ sick _____ personal _____ vacation days (potentially until all are exhausted)
- No official leave type specified *but employee will be on leave without pay status*
- Medical (*unpaid*) – but will first use *paid* (check all that apply) _____ sick _____ personal _____ vacation days (potentially until all are exhausted) with the *unpaid* Medical Leave starting on (approximate date): _____
- Unpaid* worker's compensation claim (**you must contact the business office for further instructions**)
- Other – Specify type (Family Leave not birth related, Sabbatical, etc.) and dates: _____
- Family/Parental for births (*unpaid*) – but will first use *paid* (check all that apply) _____ sick (for 6 calendar weeks from actual birth date if enough available) _____ personal (*only* if sick days exhausted before 6 calendar weeks) _____ vacation days (if available). Total *Paid* days not to exceed 6 calendar weeks without prior approval from Superintendent's Office (certified) or Business Office (classified).

Projected birth date is _____ with *unpaid* Family Leave commencing on _____ (6 calendar weeks from projected birth date if enough sick/personal days available) and extending for _____ weeks (maximum 12). Then *unpaid* Parental Leave will commence on (date) _____ (immediately following *unpaid* Family Leave) and will end on (date) _____. (IMPORTANT: Employee to provide actual birth date as soon as known. All above dates will need to be adjusted if actual birth date differs from projected birth date.)

Comments: _____

Employee signature (if available) _____ Date _____ Bldg/Dept Administrator (designee) signature _____ Date _____ Superintendent (designee) signature _____ Date _____

Distribution after PART I completed: White & Blue copies to Cent Ofc Green copy mailed or given to employee Yellow/Pink/Golden kept by Bldg/Dept

PART II: INFORMATION NEEDED THE VERY FIRST DAY the employee returns to work:

First date physically present at work after extended absence: _____ I, the employee, participated in a tax deferred payroll deduction to purchase service credit prior to my extended absence (circle one) YES NO (important!)

Employee signature _____ Date _____ Bldg/Dept Administrator signature _____ Date _____ Superintendent (designee) signature _____ Date _____

Distribution after PART II completed: Yellow copy to Payroll Pink copy for Bldg/Dept Golden copy for Employee

NOTE: Because projected return dates are often inaccurate, the payroll department cannot accept a projected return date as notice of an employee's return. The bottom portion (PART II) must be completed and sent to the payroll department on the first day that the employee is physically present in his/her home building. The form must be signed and dated by both the returning employee and the building/department administrator.

IMPORTANT NOTICE TO EMPLOYEE: It is your responsibility to go to the building/department secretary and sign this form before the inter-office mail (pony) leaves your department on your first day back. Failure to do this may result in a delay in payment of your wages. This delay would not qualify for payroll advance.