

MEDINA CITY SCHOOLS - REQUEST TO ATTEND FORM

ALL OUT OF DISTRICT PROFESSIONAL LEAVE (WORKSHOPS, CONFERENCES, MEETINGS, ETC.) MUST BE PRE-APPROVED BY YOUR ADMINISTRATOR AND THE SUPERINTENDENT'S DESIGNEE EVEN IF YOU ARE NOT REQUESTING REIMBURSEMENT

Please check: Classified Certified Administrator Date(s) of Request: _____

Attendee Name: _____ Building/Dept.: _____

Attendee Employee ID# _____ Date(s) of event: _____
(First 3 letters of last name PLUS last 4 digits of SS#)

I authorize you to charge _____ day(s) to my Professional Leave Out of District *(consult contract for limits on professional leave)*

Title of Event: _____ Sponsored by: _____

Location: _____ A substitute will be required for: ½ day(s) whole day(s) no sub needed

Briefly explain above how workshop/conference/meeting will benefit your professional development goals (attach separate sheet if necessary)

Dates of hotel stay (if any) _____ # of nights _____ Hotel Name: _____ Confirmation# _____

Estimated Costs (REMINDER – YOU MUST SUBMIT ORIGINAL ITEMIZED RECEIPTS TO BE REIMBURSED):

Est miles for mileage reimbursement _____ X _____ (current mileage rate) = total est mileage cost...\$ _____

Est tolls/parking cost.....\$ _____

Est Meals cost.....\$ _____

There may be a limit on meals, mileage or total reimbursement – check with the department paying the costs. NO alcohol reimbursement!

Est Registration cost.....\$ _____

I will submit my registration/reservation and request reimbursement *(Submit copy of registration PLUS proof of payment to be reimbursed)*

I want MCS to send my registration and payment *(Provide 3 copies of completed registration form)*

Est Hotel cost *(Most hotels will not accept tax exempt forms if bill is not paid by district check)*\$ _____

I will/have paid for the hotel and request reimbursement *(Submit proof of payment to be reimbursed)*

MCS to pay the hotel directly – please check one: I need to take the check with me Hotel will bill MCS and be paid later with purchase order

Which building/department has agreed to pay the expenses? _____ Total Estimated Cost: \$ _____

REQUESTER/ATTENDEE SIGNATURE: _____ Date _____

***** Please photocopy this form before submitting if you would like a copy for your records *****

Administrator/Supervisor: _____ Approved Not Approved Date _____

Superintendent/Designee: _____ Approved Not Approved Date _____

Office/Payroll use - please submit ORIGINAL WHITE COPY TO PAYROLL (AND A SEPARATE PHOTOCOPY FOR EACH SUB):

Name of sub: _____ Special Payment Code? _____

Number of Days: _____ Date(s): _____

Name of sub: _____ Special Payment Code? _____

Number of Days: _____ Date(s): _____

Office/ AP use – FINAL COSTS – submit copy of this form to AP with reimbursement approval or last approved payment if no reimbursement:

Registration cost\$ _____

PO# _____

Hotel cost\$ _____

PO# _____

Tolls/parking total Paid on monthly mileage form.....\$ _____

PO# _____

Meals total Paid on monthly mileage form.....\$ _____

PO# _____

Number of miles total _____ times _____ (mileage rate) = \$ _____

PO# _____

Paid on monthly mileage form

FINAL Costs Total final cost \$ _____

Actual costs exceed estimated by more than 10% _____ Secretary OK to pay: _____
 Superintendent Designee Approval of Excess Cost

MEDINA CITY SCHOOLS

SUPPORT STAFF

Attendance Incentive Verification Form

Accepted Absences: Vacation, Jury Duty, Professional Leave, Union Leave

Any part of a day counts as a day of absence. For example, a ¼ day of sick leave would count as one day of absence for purposes of attendance incentive awards.

Name _____ SS# _____

Building _____ School Year _____

I verify that I should receive the attendance incentive in one of the following categories:

_____ Perfect Attendance (\$250)

_____ One Day of Absence (\$150) Date: _____

_____ Two Days of Absence (\$100) Dates: _____

_____ Three Days of Absence (\$50) Dates: _____

Signature _____ Date _____

This form is due to your building principal / department supervisor by June 30.

I verify that this form was turned in by the appropriate deadline.

Administrator _____ Date _____

Administrators: Please note that this form must reach payroll by the paperwork deadline for the last July payroll (refer to current year payroll calendar). Pony mail is only delivered every 14 days in July. Hand delivery of completed forms may be necessary to comply with contractual payment deadline of July 31.

For office use only: Account Code: 001 2990 147 900 NO to Retirement

_____ Approved Date _____ By _____

_____ Disapproved (Reason): _____

Comments:

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 pay stub)
Balances Sick Pers Vac

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.



**MEDINA CITY SCHOOLS
PERSONNEL ABSENTEE REPORT**

**CERTIFIED
STAFF** _____

**SUPPORT
STAFF** _____

SUBSTITUTE

NAME OF SUBSTITUTE	BUILDING
DATES EMPLOYED	NO. OF DAYS WORKED
SIGNATURE OF SUBSTITUTE	IDENTIFICATION#

ABSENTEE REPORT

NAME OF REGULAR EMPLOYEE	NO. OF DAYS ABSENT	DATES OF ABSENCE
EXPLANATION OF ABSENCE		
EMPLOYEE WISHES TO BE CHARGED AS FOLLOWS:		
_____ PERSONAL ILLNESS (Charged to Sick Leave) ¼ day minimum		
_____ FAMILY ILLNESS (Charged to Sick Leave) ¼ day minimum		
_____ Immediate _____ Extended		
_____ DEATH IN FAMILY (Charged to Sick Leave) ¼ day minimum		
_____ PERSONAL LEAVE (Refer to Master Contract)		
_____ VACATION LEAVE (Refer to Master Contract)		
_____ PROFESSIONAL LEAVE – OUT OF DISTRICT (For attendance at conferences related to professional growth, etc.,)		
ATTACH PROFESSIONAL LEAVE REQUEST		
_____ PROFESSIONAL LEAVE – IN DISTRICT (For Curriculum development, on-site training, inservices, etc.)		
_____ ASSOCIATION LEAVE (ONLY for conduct of union business and attendance at union conferences - REFER TO MASTER CONTRACT)		
_____ OTHER LEAVE WITH PAY (ONLY for jury duty, school-related subpoenas, military duty, etc.)		
_____ LEAVE WITHOUT PAY (Medical leave, etc.) Explain above.		

EMPLOYEE'S SIGNATURE	IDENTIFICATION #	DATE OF APPLICATION
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BLDG. PRINCIPAL OR SUPERVISOR'S SIGNATURE	DATE
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1. THIS APPLICATION MUST BE FILED WITH THE RESPONSIBLE ADMINISTRATIVE OFFICER AND APPROVED PRIOR TO THE PAYMENT OF SALARY FOR THE DAYS FOR WHICH LEAVE IS REQUESTED.
2. FALSIFICATION OF THIS STATEMENT IS REASON FOR DISCIPLINARY ACTION.

FOR OFFICE USE ONLY; COMMENTS

APPROVED AS SUBMITTED UNLESS OTHERWISE INDICATED ABOVE

WHITE COPY – TREASURER YELLOW COPY- PRINCIPAL PINK COPY - EMPLOYEE

