



OAKLAND UNIFIED SCHOOL DISTRICT EMPLOYEE ABSENCE REPORT

PLEASE SEE THE BACK OF THIS FORM FOR DETAILED INSTRUCTIONS FOR COMPLETING THE EMPLOYEE ABSENCE REPORT

DIRECTIONS:

- All fields **MUST** be completed for processing.
- Employee: Complete 1st day returning to work.
- Adm/Mgr.: Approve/sign and distribute immediately as instructed below.

Please print clearly in **BLOCK CAPITALS**

Examples:

A D E H

2 4 9 3

Today's Date

Month	Day	Year					

Employee ID Number

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See Time Report for Corresponding Job

Position

T.R. LOCN Number

--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

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MI

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MARK ONE RESPONSE ONLY

● Correct Mark

CERTIFICATED ABSENCES

- | | |
|---|---|
| L10 <input type="radio"/> Personal Illness | W52 <input type="radio"/> Unauthorized Absence |
| L20 <input type="radio"/> Personal Leave | W54 <input type="radio"/> Leave Without Pay |
| L31 <input type="radio"/> Travel Delay | L60 <input type="radio"/> Funeral (In State) * |
| L32 <input type="radio"/> Pregnancy | L61 <input type="radio"/> Funeral (Out of State) * |
| L34 <input type="radio"/> Extended Illness | L65 <input type="radio"/> Military Leave (30 or less) |
| L38 <input type="radio"/> Personal Observance | L70 <input type="radio"/> Union Business |
| L40 <input type="radio"/> Property Accident | L71 <input type="radio"/> Comp Time |
| L42 <input type="radio"/> Additional Court | L77 <input type="radio"/> Occupational Leave |
| L44 <input type="radio"/> Family Illness* | L80 <input type="radio"/> Court Appearance |
| L46 <input type="radio"/> Additional Funeral* | L85 <input type="radio"/> Non-Scheduled Days |
| L48 <input type="radio"/> Jury Duty | L99 <input type="radio"/> Adm Leave w/Pay |
| L50 <input type="radio"/> FMLA | |

CERT ADULT ED HOURLY ABSENCES

- | |
|--|
| L13 <input type="radio"/> Personal Illness |
| L24 <input type="radio"/> Personal Leave Necessity |
| L59 <input type="radio"/> Union Business |
| L64 <input type="radio"/> Jury Duty |
| L63 <input type="radio"/> Property Accident |
| L67 <input type="radio"/> Family Illness* |
| L68 <input type="radio"/> Personal Observance |
| L69 <input type="radio"/> Travel Delay |
| L82 <input type="radio"/> Funeral (In State) * |
| L83 <input type="radio"/> Funeral (Out of State) * |

CLASSIFIED ABSENCES

- | | |
|--|---|
| L01 <input type="radio"/> Vacation | L55 <input type="radio"/> Additional Court |
| L11 <input type="radio"/> Personal Illness | W55 <input type="radio"/> Leave Without Pay |
| L15 <input type="radio"/> Adm Leave w/Pay | L56 <input type="radio"/> Family Illness* |
| L21 <input type="radio"/> Personal Leave | L57 <input type="radio"/> Funeral (In State) * |
| L30 <input type="radio"/> Travel Delay | L58 <input type="radio"/> Additional Funeral* |
| L33 <input type="radio"/> Pregnancy | L62 <input type="radio"/> Funeral (Out of State) * |
| L35 <input type="radio"/> Extended Illness | L66 <input type="radio"/> Military Leave (30 or less) |
| L43 <input type="radio"/> Personal Observance | L72 <input type="radio"/> Union Business |
| L47 <input type="radio"/> Property Accident | L73 <input type="radio"/> Comp Time |
| L49 <input type="radio"/> Jury Duty | L78 <input type="radio"/> Occupational Leave |
| L51 <input type="radio"/> FMLA | L81 <input type="radio"/> Court Appearance |
| W53 <input type="radio"/> Unauthorized Absence | L86 <input type="radio"/> Non-Scheduled Hours |

* Relationship: _____

REQUIRED FOR FAMILY ILLNESS & FUNERAL LEAVES

EXPLANATION

First Day of Absence

Month	Day	Year					

Last Day of Absence

Month	Day	Year					

Length of Absence

Days				

For Certified

Hours				

For Classified/Adult Ed. Hourly

☐ Mark if absence continuing from absence reported in previous time reporting period.

Signature of Employee: _____

Date: _____

Approved / Reviewed: (Signature of Unit Manager) _____

Date: _____

Comments: _____

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE ABSENCE REPORT

▲ **TODAY'S DATE** - Enter date report is prepared. Example: May 1,2000 enter as 05/01/2000

▲ **EMPLOYEE NUMBER** - Enter Your IFAS ID Number

▲ **JOB NUMBER** - Enter the job class number of the work assignment for which you are reporting an absence. Job Number to be reported are always six (6) numerical characters. Additional information regarding job numbers is available in your Department or School Office.

▲ **LAST NAME** - Enter your last name. ▲ **FIRST NAME** - Enter your first name. ▲ **MI** - Enter your middle initial.

▲ **T.R. LOCN NUMBER** - See Time Report for Corresponding Job

▲ **MARK ONE RESPONSE ONLY** representing the type of absence being reported. A brief explanation of each type of absence is included below. Check your Employer/Employee Agreements and your Department or School Office for additional information regarding limits, exclusions, requirements, etc.

▲ **ABSENCES CHARGEABLE TO SICK LEAVE**

PERSONAL ILLNESS - Personal Illness, Physician's Statement required for absences of more than 4 or 5 consecutive work days. (Refer to appropriate Employer/Employee Agreement.)

PREGNANCY - Leave which has been authorized for pregnancy. MUST be verified by physician.

EXTENDED ILLNESS - Leave for Personal Illness after all fully paid sick leave and other applicable paid leave has been exhausted. Refer to appropriate EMPLOYER/EMPLOYEE AGREEMENTS or District Regulations.

OCCUPATIONAL LEAVE - Leave for a work-related illness or injury.

PERSONAL OBSERVANCE - Major Personal Observance to be charged to accumulated Sick Leave.

PROPERTY ACCIDENT - Leave for an accident involving employee's property or the property of a member of the immediate family.

ADDITIONAL COURT - Leave for appearance in court or before an administrative tribunal as a litigant or party beyond that provided for court appearance.

TRAVEL DELAY - Leave for unavoidable travel delay, i.e., flight cancelled, strike, etc.

FAMILY ILLNESS - Illness in Immediate Family giving rise to an emergency.

ADDITIONAL FUNERAL - Death in Immediate Family when additional leave is required beyond that provided in Funeral Leave.

▲ **OTHER PAID ABSENCES**

VACATION - Approved Vacation.

PERSONAL LEAVE - Approved Personal Leave/Necessity Leave

JURY DUTY - Leave for Jury Duty Service. Proof of service required.

COURT APPEARANCE - Leave for required appearance in court. Verification required

MILITARY LEAVE - Leave for Military Service of 30 days or less. Verification required.

FUNERAL (In State) - Funeral Leave for death in immediate family or for close relationship within California.

FUNERAL (Out of State) - Funeral Leave for death in immediate family or for close relationship outside California.

UNION BUSINESS COMP. TIME - Refer to appropriate Employer/Employee Agreement

▲ **UNPAID ABSENCES**

LEAVE WITHOUT PAY - Approved Leave Without Pay for 30 working days or less.

UNAUTHORIZED ABSENCE - Absence which has not been approved.

NON-SCHEDULED DAYS - Applicable to some 12 pay Certificated Employees.

▲ **RELATIONSHIP**- Required when reporting family illness and funeral leaves.

▲ **EXPLANATION** - Required when reporting Travel Delay. Excused. Leave Without Pay and Unauthorized Absence.

▲ **FIRST DAY OF ABSENCE** - Enter First Day of Absence. Example: May 1,2000 enter as 05/01/2000

▲ **LAST DAY OF ABSENCE** - Enter Last Day of Absence. Example: May 2,2000 enter as 05/02/2000

▲ **LENGTH OF ABSENCE** - Employees with Regular Assignments: A regular assignment is an assignment of the same number of hours, five days a week. Enter length of absence in Days and/or Hours, except VACATION MUST be entered in whole or half day increments.

- Employees with Irregular Assignments: An irregular assignment is an assignment of different daily hours and/or an assignment other than five days a week. Enter length of absence in HOURS ONLY.

▲ **MARK** if Absence is Continuing from Absence Reported in Previous Time Reporting Period.