



REQUEST FOR: REPORT OF ABSENCE

NAME EMPLOYEE # CAMPUS/DEPARTMENT

DATE(S) OF ABSENCE NUMBER OF DAYS

CHECK [X] APPROPRIATE BOX: [] PROFESSIONAL [] PARA-PROFESSIONAL [] ANCILLARY

[] STATE PERSONAL LEAVE (sick/personal) DOCK PAY (Out of personal leave)
circle one

[] CONVENIENCE LEAVE [] MILITARY LEAVE

One (1) day per year for non-contractual personnel, three(3) days per year for contractual personnel. Convenience leave will not be approved for periods less than one-half (1/2) day.

[] VACATION [] JURY DUTY Court to which summoned (attach copy)

[] LOCAL DEATH LEAVE Relationship
Three (3) days allowed per year for immediate family (Attach copy of documentation/obituary)

[] SCHOOL BUSINESS [] Employee Request [] District Request [] Athletics
Reason (Attach Brochure, Agenda, etc.):

In accordance with The Fair Labor Standards Act, Regulation Part 785 sections .16,.18,.19,.37, and .39 regarding hourly employees, the time spent traveling away from home outside the regular working hours as a passenger, is not considered in computing work hours. The District and employee agree that time spent eating, resting or sleeping is not compensable time when meeting conditions set by the above sections. Conditions are described as "employee is completely relieved from duty and sleep time is uninterrupted by work". However, sections 785.33 and 785.41 give special provisions applicable in circumstances where hourly employees monitor children while traveling and during sleeping hours."

ESTIMATED Destination/Team Mode of Travel
Estimated DEPARTURE from San Benito Date: Time:
Estimated ARRIVAL at destination Date: Time:
Estimated DEPARTURE to San Benito Date: Time:
Estimated ARRIVAL at San Benito Date: Time:

Bus Account Number:

[] SUBSTITUTE USED [] A.M. [] P.M. Name:
This portion to be completed when turned in with Absence Report/after substitute has been used.)

All requests for absence require prior approval, in writing by the designee (except emergencies as determined after review of absence report) and must be submitted at least five (5) days in advance.

SIGNATURES I hereby certify that the above is true and correct and understand that a salary adjustment may be necessary.
Employee Date
Supervisor Date
Superintendent/Designee Date