

**FRONT:**



Sick/Personal Business/Personal Necessity Leave

Empl ID:       Name (Last, First): \_\_\_\_\_ Location No.:

CERTIFICATED  
 CLASSIFIED  
 FOOD SERVICE

<p><b>Absence Dates:</b></p> <p>FROM DATE: <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/></p> <p>TO DATE: <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/></p> <p># of Days: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Hours/Day*: <input style="width: 40px; height: 20px;" type="text"/></p> <p>Total Hours: <input style="width: 40px; height: 20px;" type="text"/></p> <p><small>*8 hours/day = Full time assignment</small></p> <p>Timekeeper: See Reverse Side for Time Reporting Codes to be Used</p>	<p><b>PHYSICIAN'S CERTIFICATION:</b> NORMALLY REQUIRED FOR ABSENCES OF MORE THAN 5 DAYS. MAY BE REQUIRED FOR ANY ABSENCE IF REQUESTED BY ADMINISTRATOR.</p> <p>I CERTIFY THAT THE ABOVE NAMED PERSON WAS UNABLE TO WORK DURING THE ABOVE PERIOD</p> <p>_____ PHYSICIAN'S SIGNATURE CALIFORNIA LICENSE NUMBER _____</p> <p>I CERTIFY THAT THE INFORMATION STATED ON THIS CARD IS TRUE</p> <p>_____ EMPLOYEE'S SIGNATURE DATE _____</p> <p>_____ PRINCIPAL'S/DEPARTMENT HEAD'S SIGNATURE DATE _____</p>	<p><b>Type of Leave:</b></p> <p><input type="checkbox"/> Sick <input type="checkbox"/> Personal Business Days</p> <p style="padding-left: 100px;"><input type="checkbox"/> Day 1 <input type="checkbox"/> Day 2</p> <p><input type="checkbox"/> Personal Necessity:</p> <p><input type="checkbox"/> Family School Partnership <input type="checkbox"/> Accident</p> <p><input type="checkbox"/> Adoption of Child <input type="checkbox"/> Court Appearance</p> <p><input type="checkbox"/> Act of Nature <input type="checkbox"/> Family Illness</p> <p><input type="checkbox"/> Bereavement Extension <input type="checkbox"/> Religious Holiday:</p> <p><input type="checkbox"/> Bereavement Other <input type="checkbox"/> _____</p>
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**BACK:**

The absences reported on this card are charged against the employee's sick leave bank.

For Sick leave, failure of the employee to obtain the certification of a licensed physician when required shall result in the absence being charged to unpaid leave, and may be grounds for disciplinary action.

In the event that there is a concerted withdrawal of services by employees, it shall be the district's policy to require a physician's certification from any employee who is absent on the date of such withdrawal or services, and who applies for sick leave benefits.

**Refer to appropriate collective bargaining contracts and district administrative procedures #7130 and #7136 for specific details of available benefits.**

Timekeepers: Based on the table below, please report the absences in Time and Labor with the Time Reporting Code that corresponds to the Type of Leave selected on the front of this card.

Sick Leave	SLF	Adoption of Child	PRN	Accident	PRN	Act of Nature	PRN
Personal Necessity	PRN	Religious Holiday	RH	Court Appearance	PRN	Personal Business	PRB
Family School Partners	PRN	Family Illness	PRN	Extension of Bereavement	PRN	Bereavement - Other	PRN

After reporting this leave into Time and Labor, this card should be filed at the site. **Do not send this card to Payroll. Site is responsible for tracking this.**