

L.E.A.S.E. ABSENCE REPORT

Complete and present to the L.E.A.S.E Bookkeeper immediately upon the first day you return from any absence from work.

Date/s of Absence _____

Time/s of Absence _____ to _____ ½ Day 1 Day

Indicate below the number of days used next to the appropriate reason:

- 1. ___ Bereavement or Illness (for illness of self or immediate family or bereavement per L.E.A.S.E. Sick/Bereavement Leave Policy 5.20)
- 2. ___ Pre-approved Personal Time
- 3. ___ Pre-approved Compensation Time
- 4. ___ Pre-approved Vacation Time
- 5. ___ Pre -notified Jury Duty
- 6. ___ Pre-approved Family Medical Leave Act
- 7. ___ Pre-approved School Visitation Act Leave
- 8. ___ Pre-notified Domestic Violence Act Leave
- 9. ___ Pre-approved Leave W/Out Pay

Further explanation if necessary:

Have all of your supervisors approved or, if possible, at least been notified of your absence?

___ YES ___ NO

Signature _____ **Date** _____

I understand that the electronic submission of this form by e-mail is the equivalent to my signature.