



## ROSEMEAD SCHOOL DISTRICT

### **New Absence Request Form Procedures**

1. Beginning the 2020-2021 School Year, we are introducing a new Absence Request Form and combining our previous half sheet carbon copy Absence Request form and Employee Absence Report form all in one.
2. All Employees (including Site Custodians) will need to obtain this new Absence Request Form from their timekeeper (i.e. Office Manager and/or Admin Secretary) or the employee can obtain the form directly from the Google Shared Folder:  
<https://drive.google.com/file/d/1SYfgdYf834FVvbtCuaApcU-YbuI4P6zu/view?usp=sharing>.
  - a. **M&O personnel** – Must request the Absence Request Form from **M&O Admin.Secretary**, to ensure sub coverage is arranged on the date of the employee's absence.
3. Absences that need prior Supervisor and Administrative Approval are: Personal Necessity (PN); Personal Leave without Pay (PL); and Vacation (V) (Vacation is applicable to Classified Employees Only).
4. Employees must submit Absence Request to their timekeeper (i.e. Office Managers and/or Admin Secretary). Timekeepers will obtain Principal/Supervisor's approval and forward the form to the District Office for final approval from Superintendent or Assistant Superintendent.  
Routing of Absence Request Form for Approval:
  - a. Absence Request for Principals → Send to the Superintendent
  - b. Absence Request for Certificated Staff and Classified Staff → Send to the Assistant Superintendent of Educational Services
  - c. Absence Request for Custodians and M&O Staff → Send to the Assistant Superintendent of Administrative Services
5. Once the Superintendent/Assistant Superintendent approves or denies the request, the division Administrative Assistant will forward the form back to the Timekeeper of the employee. The timekeeper will notify the employee, and may provide the employee with a digital or hard copy of the finalized form.
6. The finalized form must be attached to the Monthly Attendance Report (Timesheet) of the employee for payroll reconciliation.

**Please contact Dory Garcia, Administrative Assistant, for questions regarding this process.**

Thank you,

**Rosemead School District Payroll Dept.**



**Rosemead School District**  
**Absence Request and Supervisor Approval Form**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employee Type (Select): ☐ **Certificated** ☐ **Classified** ☐ **Confidential** ☐ **Management** Site/Dept.: \_\_\_\_\_

Date(s) of absence: From: \_\_\_\_\_ To: \_\_\_\_\_ Total of \_\_\_\_\_ day(s)/hour(s) absent from work. Charge \_\_\_\_\_ day(s) and/or \_\_\_\_\_ hour(s) as follows - (select below):

☐ **SICK LEAVE**

(The district may require a doctor's verification for illnesses exceeding five (5) consecutive days.)

☐ **MEDICAL LEAVE**

(Please Check one: ☐ **Maternity/Paternity/Adoption;**  
☐ **FMLA;** ☐ **Personal Medical Disability;** ☐ **Other**  
(Please use **"REMARKS"** box below to include the following details: **Date of Last Work day**. Attach Medical Report / Work Status, if applicable)

☐ **INDUSTRIAL ACCIDENT LEAVE (WORKER'S COMP)** – (Please use **"REMARKS"** box below to include the follow details: **Original Date of Incident**). Requires verification documentation from physician.

☐ **VACATION LEAVE**  
(Applicable to **Classified Employees** - based on accrual availability)

☐ **PERSONAL LEAVE** (without pay)  
(Please include start & end date(s) in **"REMARKS"** box below)

☐ **JURY DUTY**  
(Please attach Jury Duty Certificate of Attendance)

☐ **PERSONAL NECESSITY LEAVE** (with pay)  
Pursuant to RTA Collective Bargaining Agreement (CBA) section 11.2.3 and CSEA CBA section 11.2, employees shall use this leave for circumstances that are serious in nature, which cannot be expected to be disregarded, which necessitate immediate attention and which cannot be dealt with during off-duty hours. PN is deducted from Sick Leave. Not to exceed: 7 days per school year

☐ **BEREAVEMENT LEAVE**  
(immediate family member, refer to Collective Bargaining Agreements) (Please use **"REMARKS"** box below to include the following details: Name and Relationship to deceased, date of death, City/State/Country of deceased)

☐ **CONFERENCE/WORKSHOP**  
(Preapproval required by Superintendent, if request meets threshold. Board Approval is required, if request is above threshold.) (Please use **"REMARKS"** box below to include the follow: Name of Conference, date(s), and Location-City/State)

☐ **OTHER** (i.e. negotiations, adoption, etc.)  
(Describe circumstance of leave in **"REMARKS"** box below)

**REMARKS** – Please provide complete details below. Use the reverse side if more space is needed.

I certify that on the above listed date(s), I was absent for the reason(s) stated.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMMEDIATE SUPERVISOR APPROVAL**

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_ ☐ **Approved** ☐ **Denied**

**DISTRICT OFFICE APPROVAL/TIME TRACKING**

Superintendent/ Asst. Supt Signature		Date		<input type="checkbox"/> <b>Approved</b>	<input type="checkbox"/> <b>Denied</b>
For Payroll Use		For HR Use		Sup't Ofc Use	