

SUTTON SCHOOL DEPARTMENT
2007-2008 PROFESSIONAL ABSENCE FORM

This form is to be filled out in duplicate and left in the office the day you return from an absence.

NAME: _____

BUILDING: ___Simonian Center ___Elementary ___Middle ___High School
(Check One)

DATE(S) ABSENCE: _____

Reason for absence (check one):

- _____ A. Personal illness – deductible from sick leave
- _____ B. A maximum of five (5) days per school year for a critical illness in the immediate family – deductible
- _____ C. All reasons in “C” are non-deductible from sick leave
 - _____ 1. One (1) day when an emergency or illness or injury in the family requires a teacher to make arrangements for the necessary medical and nursing care
 - _____ 2. Funeral leave up to three (3) days at any one time in the event of a death in the immediate family (“immediate family” is construed to include only husband, wife, mother, father, brother, sister, children, grandparents, grandchildren, father-in-law and mother-in-law)
 - _____ 3. One (1) day when a spouse of a male teacher is involved in the birth of a child
 - _____ 4. One (1) day for the funeral of any relative
 - _____ 5. At the discretion of the COMMITTEE and/or the superintendent a leave of absence with pay may be granted to an employee to enroll in a course, workshop, or seminar that begins before the end of the school year
 - _____ 6. Attendance at MTA or NEA meetings
 - _____ 7. Union business leave for the president of the association
- _____ D. None of the above, loss of 1/186 of salary per day
- _____ E. Evaluation
- _____ J. Jury Duty
- _____ P. Personal Day
- _____ W. Attendance at a workshop/conference authorized by the superintendent

Signature

Date