



# GRANT COUNTY EDUCATION SERVICE DISTRICT

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## ABSENCE FROM WORK RECORD

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date(s) Absent: \_\_\_\_\_

Please deduct my time from the following category:

\_\_\_\_\_ VACATION

\_\_\_\_\_ SICK LEAVE

\_\_\_\_\_ PERSONAL LEAVE

\_\_\_\_\_ PROFESSIONAL LEAVE

\_\_\_\_\_ LEAVE WITHOUT PAY

\_\_\_\_\_ BEREAVEMENT LEAVE Relation: \_\_\_\_\_

\_\_\_\_\_ EMERGENCY LEAVE Reason: \_\_\_\_\_

\_\_\_\_\_ OTHER Explain: \_\_\_\_\_

WILL YOU BE APPLYING FOR PAID LEAVE OREGON IN RELATION TO THIS LEAVE? YES NO

DOES THIS LEAVE QUALIFY FOR: ☐ OFLA ☐ FMLA

If you need a substitute, please make sure you have contacted Heidi and let her know as soon as you know you will need a substitute and who it will be so appropriate paperwork can be collected.

Substitute Name: \_\_\_\_\_

Substitute Phone Number: \_\_\_\_\_

Notes:

Employee Signature: \_\_\_\_\_

Superintendent/On-Site Supervisor Signature: \_\_\_\_\_

**PLEASE TURN INTO HEIDI PRIOR TO THE 10<sup>TH</sup> OF THE MONTH**

OFFICE USE ONLY:

Added to Calendar: \_\_\_\_\_ Added in Absence Spreadsheet: \_\_\_\_\_ Entered in Visions: \_\_\_\_\_