



TRANSPORTATION EMPLOYEE ABSENCE FORM

Name _____ ID # _____
Regular Days Off _____ Run # _____

ABSENCE TYPE

- ☐ Scheduled - Employee requests permission to be absent
☐ Late Start Request
☐ Unscheduled - Employee was absent
☐ Early Out Request

DATES AND TIMES

						<u>Approved</u>	<u>Denied</u>
Date(s) _____	From _____	am/pm	To _____	am/pm		<input type="checkbox"/>	<input type="checkbox"/>
Date(s) _____	From _____	am/pm	To _____	am/pm		<input type="checkbox"/>	<input type="checkbox"/>

REASON FOR ABSENCE

- | | | |
|--|--|---|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Illness | <input type="checkbox"/> Illness in Family _____ (relationship) |
| <input type="checkbox"/> Emergency | <input type="checkbox"/> Personal Business | <input type="checkbox"/> Bereavement _____ (relationship) |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Incarceration | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Transportation Issues | | |

LEAVE TYPE

- | | | |
|--|--|---|
| <input type="checkbox"/> Sick Leave _____ (hours) | <input type="checkbox"/> Vacation _____ (hours) | <input type="checkbox"/> Floating Holiday _____ (hours) |
| <input type="checkbox"/> Management Leave _____ (hours) | <input type="checkbox"/> Jury Duty _____ (hours) | <input type="checkbox"/> Flex Day Trade _____ (hours) |
| <input type="checkbox"/> Association Time _____ (hours) | <input type="checkbox"/> Bereavement _____ (hours) | <input type="checkbox"/> Military Leave _____ (hours) |
| <input type="checkbox"/> Compensatory Time _____ (hours) | <input type="checkbox"/> Holiday Leave _____ (hours) | |
| | Earned | |

Total Hours _____

MEDICAL LEAVE (employee must have an approved leave designation on file)

- ☐ FMLA/CFRA
☐ Pregnancy Disability Leave

Total Hours _____

Employee Comments _____

Employee Signature _____

Date _____

SUPERVISOR APPROVAL

Date Notified _____ Time Notified _____ How Notified _____

- ☐ Coverage Available ☐ Coverage Not Available ☐ Date Available ☐ Date Not Available ☐ If granted, overtime required

Comments _____

Printed Name _____

Signature _____

Date _____

ADMINISTRATIVE APPROVAL

- ☐ Request Approved ☐ Request Denied

Printed Name _____

Signature _____

Date _____