

BRINNON SCHOOL DISTRICT NO. 46

2016-2017 OFF-SITE REPORT

Instructions:

Please use BLUE ink if possible, or black. Please do not use pencil or other colored ink. PRIOR TO PLANNED ABSENCE: Fill out form. Mark Full Day or record hours of absence. Certs include lunch time. Classified do not include lunch time. Place in Administrator's signature box. If your request is denied, the form will be returned to you (mailbox) with an explanation. Otherwise, your request has been approved and should be noted on the "Weekly". Use one form per absence date. Please confirm that your absence and substitute are listed on the Weekly. For unplanned absence: Fill out immediately upon return. (Cert. Day = 8:00 a.m.-3:30 p.m. = 7.5 hrs; includes lunch.)

EMPLOYEE NAME (First, Last): \_\_\_\_\_ (PLEASE PRINT)

DATE OF ABSENCE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Full Day (or fill out times below)

from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm Hours \_\_\_\_\_
and from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm Hours \_\_\_\_\_
and from: \_\_\_\_\_ am/pm to: \_\_\_\_\_ am/pm Hours \_\_\_\_\_

Business Office Only
Total Hours \_\_\_\_\_
Decimal \

Sick Leave (Group 1-Sick):

\_\_\_ Sick Leave (S) \_\_\_ Personal (P) Max. 3 days. Must take 1/2 day or full day.

Off-Site Tracking (Group 9-OST) Explanation required.

\_\_\_ School Field Trip (F): \_\_\_\_\_ For Prof. Dev., Workshop, Meeting:

\_\_\_ Prof. Dev./Workshop (W): \_\_\_\_\_ Prof Dev day requested per
Negotiated Contract:  YES
 NO

\_\_\_ Meeting (M): \_\_\_\_\_

\_\_\_ Late Start / Early Release due to weather - to be made up within 30 days or becomes unpaid/LWOP.
Make-up time to be documented on Request to Work Make Up Time form.

Other Paid Leave (Group 3-Oth) Explanation required.

\_\_\_ Administrative Leave (AD): \_\_\_\_\_ \_\_\_ Emergency (E): \_\_\_\_\_
\_\_\_ Association Leave (UN): \_\_\_\_\_ \_\_\_ Judicial Leave (J): \_\_\_\_\_
\_\_\_ Bereavement (B) Relationship: \_\_\_\_\_ (Jury Duty pay must be turned in/paid to the district)

Pay Code: Explanation required.

\_\_\_ Leave Without Pay (LWOP3, LWOP4): \_\_\_\_\_

Substitute Needed? \_\_\_ Yes \_\_\_ No, not needed because \_\_\_\_\_
\_\_\_ No, I have arranged in-house coverage (who?) \_\_\_\_\_

Time: \_\_\_\_\_ Duties: \_\_\_\_\_  In-House: (Who) \_\_\_\_\_

Time: \_\_\_\_\_ Duties: \_\_\_\_\_  In-House: (Who) \_\_\_\_\_

Time: \_\_\_\_\_ Duties: \_\_\_\_\_  In-House: (Who) \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Administrator's Signature \_\_\_\_\_  Approved  Denied Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Administrator's Comments: \_\_\_\_\_

Substitute Assigned \_\_\_\_\_ Worked: \_\_\_\_\_ days \_\_\_\_\_ hours