Avon Community Unit No. 176: Employee Cause of Absence

Instructions:
A cause of absence form must be completed and returned to the office upon return from absence. Failure to file a Cause of Absence form can result in loss of full pay.

_____ _____
[month] *[year]*

Absence 1		Absence 2		Absence 3	
Date	Code	Date	Code	Date	Code

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A. Sick Day within the 10 day limit, No Special Deductions
[Personal Illness/ Special Circumstance]

Name of Physician:_____
Specific Nature of Illness:_____
_____
Employee's Signature:_____ Date:_____

I certify that I was ill and therefore unable to perform the duties of my position and hereby make application for pay, less deductions, in conformity with the rules and regulations.

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B. Leave Within the Ten Day Limit
No Special Deductions
Illness of Family Member [as defined]

Reason for Absence:_____
Relationship: _____
Employee's Signature:_____ Date: _____

I certify that the above statement is correct and hereby make application for pay, less deductions, in conformity with the rules and regulations.

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C. Bereavement Leave
No Special Deductions
2/instance

Bereaved:_____
Relationship:_____
Date of Death:_____
Date of Burial:_____
Employee's Signature:_____ Date: _____

I certify that the above statement is correct and hereby make application for pay, less deductions, in conformity with the rules and regulations

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E. Special Leave with Full Pay
[workshops, field trips, school business, personal day, vacation day]

Reason for Absence:_____
_____
_____
_____

M. Leave with Substitute Pay Deducted _____

0. Leave Without Pay

Employee's Signature:_____ Date:_____

I certify that the above statement is correct and hereby make application for pay, less deductions, in conformity with the rules and regulations

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I certify that I have reviewed the case and made such investigations as deemed necessary. I am satisfied that the facts are substantial as stated, and approve the requested leave as indicated above.

Supervisor's Signature:_____ Date:_____