

Escondido Union High School District Leave Form

- All absences must be called into the **Absence Management** system at **1-800-942-3767** or entered into the website: **www.frontlinek12.com/aesop**
- **REQUIRED- Enter Frontline Job Number** below.
- For leave balances, check the Employee Self-Serve Pay-Stub portal at **https://ess.erp.sdcoe.net/**
- For leave questions, view your association contract or call Human Resources.
- All leaves are subject to the terms & conditions of the written agreement between EUHSD & the employee organizations, and state & federal laws and policies.

<u>Last Name, First Name</u>	<u>Employee ID #</u>	<u>Position</u>	<u>Site</u>	<u>Frontline Job Number</u>
------------------------------	----------------------	-----------------	-------------	-----------------------------

Number of working days absent _____ Inclusive date(s) _____

Partial day: Date _____ Hours absent: _____ hr(s) _____ min(s) from _____ to _____

Partial day: Date _____ Hours absent: _____ hr(s) _____ min(s) from _____ to _____

Classified Employee Charge to:

<input type="checkbox"/> Sick	<input type="checkbox"/> Personal Necessity (dock from sick leave) (7 days per school year max)	<input type="checkbox"/> Unpaid Leave (<i>Needs Board Approval</i>)
<input type="checkbox"/> Vacation 11 & 12 month staff	Reason: _____	<input type="checkbox"/> Pregnancy Leave / FMLA / Bonding
<input type="checkbox"/> Vacation 10 month staff -Unpaid/Paid	<input type="checkbox"/> Business that can only occur during day	<input type="checkbox"/> FMLA / CFRA (<i>HR Documentation Needed</i>)
<input type="checkbox"/> CTO (Compensatory Time Off)	<input type="checkbox"/> Death, accident	Comments: _____
<input type="checkbox"/> CSEA <input type="checkbox"/> CSEA Negotiations	<input type="checkbox"/> CPI (Compelling Personal Importance)	_____

Certificated Employee Charge to:

<input type="checkbox"/> Sick	<input type="checkbox"/> Personal Necessity (dock from sick leave)	<input type="checkbox"/> Unpaid Leave (<i>Needs Board Approval</i>)
<input type="checkbox"/> Personal Reasons Leave (8 days per school year max / sub-pay deduct)	Reason: _____	<input type="checkbox"/> Pregnancy Leave / FMLA / Bonding
<input type="checkbox"/> Civic responsibility <input type="checkbox"/> Family situation	<input type="checkbox"/> Business that can only occur during day	<input type="checkbox"/> FMLA / CFRA (<i>HR Documentation Needed</i>)
<input type="checkbox"/> ESTA <input type="checkbox"/> ESTA Negotiations	<input type="checkbox"/> Death, accident	Comments: _____
	<input type="checkbox"/> CPI (Compelling Personal Importance)	_____

Management/Non Rep Charge to:

<input type="checkbox"/> Sick	<input type="checkbox"/> Personal Necessity (dock from sick leave)	<input type="checkbox"/> Unpaid Leave (<i>Needs Board Approval</i>)
<input type="checkbox"/> Vacation	Reason: _____	<input type="checkbox"/> Pregnancy Leave / FMLA / Bonding
<input type="checkbox"/> Non-Contract	<input type="checkbox"/> Business that can only occur during day	<input type="checkbox"/> FMLA / CFRA (<i>HR Documentation Needed</i>)
	<input type="checkbox"/> Death, accident	Comments: _____
	<input type="checkbox"/> CPI (Compelling Personal Importance)	_____

All Employees:

<input type="checkbox"/> Bereavement (immediate family)	Attach proof for the following:	<input type="checkbox"/> Cancellation of Approved Leave
Relationship: _____	<input type="checkbox"/> Jury Duty (attach court time card)	Inclusive dates: _____
Travel miles (one way): _____	<input type="checkbox"/> Subpoenaed: non-party witness	Replace with _____
	<input type="checkbox"/> Official Government order	Change of hours _____
	<input type="checkbox"/> Military	

I UNDERSTAND THAT IF PAID LEAVE IS NOT AVAILABLE FOR THE ABSENCE ENTERED, I AM AUTHORIZING MY MONTHLY PAY TO BE REDUCED ACCORDINGLY ON THE REGULAR PAYDAY AFTER THE ABSENCE IS RECEIVED AND PROCESSED.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____

Please do not write below this line

Assigned hours per day _____ Days/Hours Charged to:

VACATION	SICK	PN (FROM SICK)	UNPAID LEAVE	SUB-PAY OR 50%	BEREAVE	JUDICIAL	NON- CONTRACT	CTO/RTO	ESTA/CSEA

NOTES: _____

Entry will show on the pay-stub in the month of:

Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Payroll/Attendance Technician _____

Date Entered _____