

## **Administrator, Administrative Assistants, Facilities, Support Staff**

### **SICK**

This is to be used only if you, personally, are ill/injured. It shall be used for doctor's appointments directly related to the illness/injury. Reason for the absence must be written in the comment section. This can simply read "not feeling well". We do not require specific information regarding your illness. (If you are going to be out for more than four (4) work days, this would be considered an FMLA event and you should choose that option. See the explanation for FMLA Employee and contact Denise in the HR Office for paperwork.)

### **PERSONAL**

This is to be used for an emergency or necessity. The time must be requested and will require approval before use. Reason for the absence must be written in the comment section. It is to be used for routine appointments (medical, dental, etc.) that cannot be scheduled outside the work day.

### **PERSONAL ABSENT – NO PAY**

This is to be used by staff that do not have paid time off, or if directed by administration. The time is to be requested and will require approval before use. Reason for the absence must be written in the comment section.

### **UNDISCLOSED PERSONAL**

Each school year, up to two (2) days of Sick/Personal time may be used for undisclosed reasons. The time must be requested and will require approval before use. Absent time must not be detrimental to the functioning of the school. Undisclosed time cannot be used on workshop days, during the first or last five school days, or contiguous with school vacation periods or student holidays.

### **FAMILY ILLNESS**

This is to be used if you are caring for an ill child, spouse or parent. Reason for the absence must be written in the comment section. If you do not have Sick/Personal time available, this absence must be coded as Personal Absence – No Pay

### **BEREAVEMENT**

Up to three (3) sick/personal days can be used for bereavement. The time is to be requested and will require approval before use. This option is to be used for the loss of a child(step), spouse, parent(step), parent-in-law, sibling(step), or grandparent/grandchild of employee. In the event more days are needed, personal days shall be used.

### **VACATION**

They are to be requested and will require approval before use. This option should be used if you choose to stay home due to inclement weather, and the school or District is not closed.

### **FLOATER (Holiday)**

There are 2 floating holidays per school year. The time must be requested and will require approval before use. Must be used in increments of whole days. Employment beginning after 10/1 = 1 floating holiday, after April 1= 0 floating holiday. Reason for the absence must be written in the comment section.

### **FMLA – EMPLOYEE (REQUIRES Human Resources APPROVAL)**

If you are out more than four (4) work days, or have a planned absence for your OWN personal illness/injury for more than four (4) work days, you must contact Denise in the HR Office at [denise@conval.edu](mailto:denise@conval.edu) or 924-3336 ext. 2033 for more information, the proper paperwork, and approval.

<p><b>FMLA – FAMILY MEMBER (REQUIRES Human Resources APPROVAL)</b></p> <p>If you are out more than four (4) work days, or have a planned absence to care for a FAMILY MEMBER including adoption of a child for four (4) or more days, you must contact Denise in the HR Office at <a href="mailto:denise@conval.edu">denise@conval.edu</a> or 924-3336 ext. 2033 for more information, the proper paperwork, and approval.</p>
<p><b>JURY DUTY</b></p> <p>The time must be requested and will require approval before use. The jury duty summons must be presented to your Administrator for approval. Upon return to work, the employee must submit documentation from the court stating the date and time of release from jury duty. Employees who serve less than four (4) hours are expected to return to work.</p>
<p><b>WORKER'S COMPENSATION (REQUIRES Human Resources APPROVAL)</b></p> <p><b>If injured on the job, an accident report must be completed immediately and submitted to Human Resources Office. This code can only be used once the State has approved the Worker's Comp claim.</b></p>
<p><b><u>SCHOOL BUSINESS</u></b></p>
<p><b><u>PROFESSIONAL DEVELOPMENT</u></b></p> <p>The time must be requested and will require approval before use. The title or content of the activity shall be identified in the note section.</p>
<p><b><u>CURRICULUM DEVELOPMENT</u></b></p> <p>The time must be requested and will require approval before use. The title or content of the activity shall be identified in the notes section. Meeting time is coordinated by the Assistant Superintendent's Office. Meetings are conducted within the District.</p>
<p><b><u>CO-CURRICULAR</u></b></p> <p>The time must be requested and will require approval before use. District Coach or Club Advisor Use Only. The title or content of the activity shall be identified in the notes section. For District in-house or away events during work hours.</p>
<p><b><u>IEP MEETING</u></b> (Individual Educational Plan)</p> <p>The time must be requested and will require approval before use.</p>
<p><b><u>PLC</u></b> (Professional Learning Community)</p> <p>The time must be requested and will require approval before use. The title or content of the activity shall be identified in the notes section.</p>
<p><b><u>MEETING OTHER</u></b></p> <p>The time must be requested and will require approval before use. The title or content of the activity shall be identified in the notes section.</p>