

## 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 Date	Code	Absence 2 Date	Code	Absence 3 Date	Code
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A. Sick Day within the  
10 day limit,  
No Special Deductions  
[Personal Illness/  
Special Circumstance]

Name of Physician: \_\_\_\_\_

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: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_