



CERTIFIED DEDUCTIBLE ABSENCE REQUEST FORM

Employee Name - **Please Print**

Employee ID No.

Request the Following Dates and Hours: _____

Important Information

- All absences must be reported in Absence Management, even if a substitute is not required.
- Absences requiring a substitute: may be used and reported in a minimum of four (4) hour increments and ½ hour increments thereafter.
- Absences not requiring a substitute: may be used and reported in a minimum of one (1) hour increments, and ½ hour increments thereafter.
- Full-time/ full-day: report as eight (8) hours

Deductible Absences

Three (3) days/24 hours may be used under provisions of the authorized absence benefits for Sick Day usage. A portion of the employee's salary will be deducted to equal the daily standard substitute pay rate, whether or not a substitute is actually required for the position. See Meet and Confer document for more information.

Employee's own illness or injury

Family illness or injury

Employee Signature

Work Site

Date

HUMAN RESOURCES ONLY:

Approved

Not Approved

Comments:

Human Resource Services - Signature

Date

Submit this form to Human Resources, Jean Gauthier, MS #13, or email to jgauthier@kyrene.org