

ITHACA CITY SCHOOL DISTRICT

SUPERVISOR'S NOTIFICATION FORM for EXTENDED EMPLOYEE ABSENCE

Any time that an employee is absent from work for **three (3) or more consecutive days**, other than scheduled vacation time, the Office of Human Resources must be notified by the employee's supervisor. This information is necessary for a variety of reasons (i.e. Family Medical Leave Act (FMLA), disability, workers' compensation, District's request for medical verification, etc.). Please complete this form in full and return it, along with any documentation (doctor's slips, accident reports, etc.) to the Office of Human Resources.

Employee Name: _____
Please Print

Job Title/Dept.: _____

Shift & Work Days: _____

Reason for Absence: _____ Explain: _____

Illness/Sick: _____

Workers' Comp. Related _____

Family Illness/ Bereavement _____

Other: _____
Please use the reverse side of this form if you need to indicate additional information

Date Employee Last Worked: _____ / _____ / _____

First Date of Absence: _____ / _____ / _____

Anticipated Return Date (if known): _____ / _____ / _____

Actual Return Date (if known): _____ / _____ / _____

Number of Work Days Missed (if known): _____

**Has employee requested paid leave time for this absence? Yes No

If yes, number of days requested: _____ Type of leave: _____

Administrator Signature

Date

** Please Note: Under FMLA and Ithaca City School District BOE Policy, an employee will be required to substitute accrued paid vacation or personal business leave for purposes of a Family Leave and will be required to substitute accrued vacation, personal, family or personal sick leave for purposes of a Medical Leave. When an employee has used accrued paid leave for a portion of family or medical leave, the employee will be entitled to an additional period of unpaid leave that, combined with paid leave, does not exceed 12 weeks.

Please Send to the Office of Human Resources
on day 3 of employee's absence