

LANSING CENTRAL SCHOOL DISTRICT

SUPERVISOR'S NOTIFICATION FORM
for EXTENDED EMPLOYEE ABSENCE

Any time that an employee is absent from work for **more than (3) consecutive days**, other than scheduled vacation time, the District Office must be notified by the employee's supervisor. This information is necessary for a variety of reasons (i.e. Family Medical Leave Act (FMLA), Workers' Compensation, etc.). Please complete this form in full and **return** it, along with any documentation (doctor's slips, accident reports, etc.) **to Mara Mitchell, Finance Clerk in the Business Office.**

Employee Name: _____
Please Print

Job Title/Dept: _____

Shift & Work Days: _____

Reason for Absence: Explain:

_____ Illness/Sick: _____

_____ Workers' Comp
Related: _____

_____ Vehicle Accident: _____

_____ 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: _____/_____/_____

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

Number of Work Days Missed: _____

Has employee submitted a leave request to District Clerk? _____ Yes _____ No

If yes, number of days requested _____ Type of Leave _____

Supervisor Signature

Date

**** Note:** Under FMLA and Lansing BOE Policy, the district will require an employee to use all types of accrued benefit time for any or all of their FMLA leave. When an employee has used accrued paid leave for a portion of their FMLA leave, the employee will be entitled to an additional period of unpaid leave that, combined with paid leave, does not exceed 12wk.