

PINELLAS COUNTY SCHOOLS
EMPLOYEE CERTIFICATE OF ABSENCE REPORT

Type or Print Clearly

EMPLOYEE'S LAST NAME				EMPLOYEE'S FIRST NAME				SOCIAL SECURITY # (last 4)			
SCHOOL/COST CENTER NAME								RUN # / PLD #			
WEEK ONE <small>(Enter code(s) from below followed by a 1)</small>	DATE		DATE		DATE		DATE		DATE		
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
	CODE	HOURS	CODE	HOURS	CODE	HOURS	CODE	HOURS	CODE	HOURS	
WEEK TWO <small>(Enter code(s) from below followed by a 2)</small>	DATE		DATE		DATE		DATE		DATE		
	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
	CODE	HOURS	CODE	HOURS	CODE	HOURS	CODE	HOURS	CODE	HOURS	

EXPLANATION OF CODES

V = VACATION ABSENCE – (12-month employees only)

H = VACATION LEAVE APPROVED FMLA – (12-month employees only – check one)
 ___ FMLA approved illness of self ___ FMLA approved illness of eligible relative

S = ABSENCE DUE TO ILLNESS (check one) – If 11 or more consecutive days complete a **“Request for Leave of Absence”** through employee self-service.*
 ___ Illness of self – illness or death of immediate family member, other close relative or member of household.
 ___ Illness/Injury in the line of duty – fax a copy of this certificate of absence to Risk Management. (fax # 588-6182)

G = ABSENCE DUE TO APPROVED FMLA ILLNESS – (check one)
 ___ FMLA approved illness of self ___ FMLA approved illness of eligible relative

P = PERSONAL ABSENCE – Charged to unused sick leave (limit 5 days per school year, noncumulative)

N = ABSENCE WITHOUT PAY – If 11 or more consecutive days complete a **“Request for Leave of Absence”** through employee self-service.* Available only if sick leave, personal leave or vacation leave, as appropriate, has been exhausted.

J = JURY DUTY – send a copy of subpoena with this certificate of absence.

M = MILITARY DUTY – Limit 17 days per school year for training. Complete a **“Request for Leave of Absence”** through employee self-service.* A copy of endorsed orders must be sent to Personnel along with the request for leave.

X = 11.5 MONTH FLEX TIME – (11.5-month employees only)

K = COMP TIME TAKEN – Only for employees authorized to utilize comp time. Must have comp time available in system.

Employees are required by Florida Statute 1012.61 (2)(b) to complete, sign and **return this form to the preparer** at their reporting locations **within 5 days after returning from their absence**. Failure to comply will result in the reporting location reversing this leave and docking the employee (by sending a Payroll Adjustment Form to the Payroll Department.)

Board Policy 8700 defines FRAUD as an unauthorized altering of District absence from the worksite documents ... including reporting falsely a sick day instead of a personal day or not reporting an absence. All errors must be reported to the payroll preparer at your location for authorized adjustments to occur.

*** Any absence for 11 or more consecutive days requires a “Request for Leave of Absence” submitted to Personnel through employee self-service (<https://ess.pcsb.org>) prior to the first day of absence, if possible. Position and/or benefits may be affected if the “Request for Leave of Absence” has not been submitted.**

EMPLOYEE'S SIGNATURE (only employee may sign)	DATE
IMMEDIATE SUPERVISOR'S SIGNATURE	DATE