

EL PASO INDEPENDENT SCHOOL DISTRICT

Notice of District Absence Policy Employee Rights and Responsibilities

As an employee of the District, state and local leave days are available for your use, as the need arises. You also have job protection rights under the Family Medical Leave Act (FMLA), for certain qualifying reasons. You are required to follow policy and regulation when reporting absences or requesting a long term leave.

Highlights of District Regulation (DEC):

- It is the responsibility of the employee to notify the principal and/or immediate supervisor, if possible, the day before the absence.
- In any event, the employee should notify the principal and/or immediate supervisor no later than 5:30 a.m. on the day of the absence.
- When substitutes are required, the employee should notify the principal and/or immediate supervisor by 3:00 p.m. each day the employee is absent as to whether or not he or she will be available for duty the following day.
- In addition to notifying the principal and/or immediate supervisor, the employee must call the absence in to TEAMS.
- All absences due to accidents and serious or long-term illness of employees over 3 days, must be reported to the Human Resources/Employee Benefits Department.

Pursuant to District Policy DEC (Local), at no time may an employee elect to be absent without pay, without the approval of the employee's supervisor. Unauthorized absences are considered job abandonment and shall be grounds for termination. Absence without Pay, must be requested in writing at least one day (24 hours) in advance for each day of the planned absence without pay. Supervisors must notify the employee in writing whether or not the absence is approved.

For more information on Leaves and Absences, please review District Policy DEC (Local).

My signature below acknowledges that I have received notice regarding El Paso I.S.D.'s Absence Policy. Additionally, my signature represents that I understand that it is my responsibility to request, and/or cancel, a substitute. I also accept responsibility of notifying the substitute of any change or cancellation of a substitute as addressed in the Employee Service Center (if applicable for my position). I accept full compliance with the District's policies and requirements.

Employee Signature

Date

Supervisor

Date