

# Absence Recording in Skyward

Leave Day Type	Time Off Code	Reason Code IF FMLA APPROVED LEAVE	Reason Code IF NOT FMLA APPROVED LEAVE	Comments
S = Sick	Sick	FMLA	Sick	
F = Family Sick	Family	FMLA	Family Sick	Relationship of family member to employee
P = Personal	Personal	FMLA	Personal	
A = Alternate	Alt Leave	FMLA	Alternate	
* SB = Sick Bank	Other	Sick Bank & FMLA	Sick Bank	
* SB (CLTS) = Sick Bank at the Cost of a Long Term Sub	Other	Sick Bank & FMLA	Sick Bank	Cost of Long Term Sub
* CFL = Critical Family Leave	Sick	Critical Family Leave	Critical Family Leave	Relationship of family member to employee
* UF = Unpaid FMLA	Other	FMLA	N/A	No Pay
U = No Pay Pre-Approved by HR (Not FMLA)	Other	N/A	No Pay Pre-Approved by HR	
+ N = No Pay (Counts towards 15 days)	Other	N/A	No Pay-Counts Towards 15 Days	
Nutrition Paid Leave Day (Year Round Schools Only)	Other	N/A	Nutrition YR	
Excused Absence	Other	N/A	Excused Absence	Explanation, Program Number, Approval
Bereavement	Other	N/A	Bereavement	Relationship of family member to employee
Professional Day	Other	N/A	Professional Day	
Jury Duty	Other	N/A	Jury Duty	
* Military	Other	N/A	Military	

\* Indicates leave that must be requested through Human Resources. Human Resources will inform the school/department of approval/denial of request.

+ Indicates leave that must be requested through the office of the employee's Area Administrator. The Area Administrator's office will inform the school/department of approval/denial of request.

## Extended Leave

In the event an employee must take leave for a period greater than 3 days for an FMLA qualifying reason (days do not have to be consecutive), Human Resources will send an absence calendar (see below) to the school/department secretary indicating whether or not leave under the FMLA is approved.

Employee Name \_\_\_\_\_  
 Based on data in the skyward system as of \_\_\_\_\_

Employee Location \_\_\_\_\_  
 Tentative  Final

Start date of FMLA \_\_\_\_\_  
 End Date of FMLA \_\_\_\_\_  
 Return to Work Date \_\_\_\_\_

**FMLA Leave**  Yes  No

- S = Sick Leave
- F = Family Leave
- SB = Sick Bank Approved by Committee
- CFL = Critical Family Leave Approved by Committee
- U = Nopay HR Approved (Not FMLA Approved, Does Not Count Toward 15)
- UF = Nopay (FMLA Approved, Does Not Count Toward 15)

- P = Personal Leave
- A = Alternate Leave
- SB = Sick Bank, Not Yet Approved
- CFL = Critical Family Leave, Not Yet Approved
- N = Nopay (Does Count Toward 15 Days)

**Indicates whether or not leave is FMLA**

HRPRATI - 2015 - Time Off Transaction

Name: \_\_\_\_\_

Group Code: \_\_\_\_\_

Time Off: \_\_\_\_\_

Type: Days Hours per day: 8.0000

Date: 05/17/2010 Monday

Type: Used

Amount: 0.0000 Days

Reason: \_\_\_\_\_

Comment: \_\_\_\_\_

Totals for code: Alt

	Before	After
Allocated:		
Used:		
Left:		
Unpaid:		

REQUIRED: The time off code.