



FOOTPRINTS FOR LEARNING

— CHARTER ACADEMY —

Global Perspectives, Entrepreneurial Spirit, Academic Excellence

Authority: FOOTPRINTS FOR LEARNING SOCIETY (A0257)

School: FOOTPRINTS FOR LEARNING CHARTER ACADEMY (S2646)

Last Updated: March 10, 2026

Footprints for Learning Charter Academy (“FLCA”) Staff Absence Policy

I. Medical Leave (5 Days Annually)

Purpose:

Medical Leave is provided for an employee’s personal illness, injury, or attendance at medical or dental appointments.

Annual Entitlement:

Employees are entitled to Five (5) Medical Leave days per school year.

Pay Status:

Medical Leave is fully paid. Employees will receive their regular rate of pay for approved absences.

Substitute Cost:

FLCA will assume the cost of any substitute teacher required during the employee’s Medical Leave.

Documentation:

- Short-term absences (1 - 2 days): Verbal notification to the employee’s supervisor and/or Human Resources is sufficient. Furthermore, upon return the employee is required to complete and submit Form A - Medical Short-term Absence (Appendix A).
- Long-term absences (3 or more consecutive days): FLCA reserves the right to request a medical certificate from a licensed healthcare practitioner. Furthermore, upon return the employee is required to complete and submit **Form B - Medical Long-term Absence** (Appendix B).

Accrual/Carryover: The policy will specify if unused medical days, those:

For attendance tracking purposes, only absences of one-half ($\frac{1}{2}$) day or greater may be recorded or accrued toward the annual total, and any absence of one (1) hour or more will be rounded up to a minimum of one-half ($\frac{1}{2}$) day.

Medical Leave days must be used within the school/calendar year in which they are granted and do not carry forward to the next year.

Notification Requirements:

Employees must notify their immediate supervisor or the designated administrative lead as early as possible when an absence is necessary due to illness or medical reasons (e.g., by 6:00 a.m. on the day of the absence). Employees must also ensure that appropriate substitute arrangements are made and that detailed lesson plans or work instructions are provided when required.

II. Personal Leave (5 Days Annually)

Purpose:

Personal Leave may be used for personal or family matters that cannot be scheduled outside of work hours, including but not limited to family emergencies, legal appointments, or other necessary obligations.

Pay Status:

Personal Leave is fully paid. Employees will receive their regular rate of pay for approved absences.

Substitute Cost:

FLCA will assume the cost of any substitute teacher required during the employee's Personal Leave.

Annual Entitlement:

For attendance tracking purposes, only absences of one-half ($\frac{1}{2}$) day or greater may be recorded or accrued toward the annual total, and any absence of one (1) hour or more will be rounded up to a minimum of one-half ($\frac{1}{2}$) day.

Personal Leave days must be used within the school/calendar year in which they are granted and do not carry forward to the next year.

Notification and Approval:

Personal Leave must be requested at least two weeks in advance, in writing, and approved by the Employee's supervisor to ensure continuity of classroom instruction and adequate time to secure substitute coverage.

- Short-term Personal Leave (1-2 days): Employees are required to complete Form C - Planned Short-Term Leave (Appendix C).
- Long-term Personal Leave (3 or more consecutive days): Employees are required to complete Form D - Planned Extended Leave (Appendix D)
- **Usage Restriction:** Non-Urgent Personal Leave days may be restricted on certain dates (e.g., professional development days, first/last day of school, or adjacent to holidays) unless explicitly approved by the Employee Supervisor/Administration. An Annual Restriction Calendar List will be shared with FLCA Staff each year at Contract renewals. The listed days would include:
 - *dates in late August through late September to establish the essential documentation and routines for the opening of the academic year.*
 - *dates in December through January to bracket this break with essential teaching time.*
 - *dates in February to bracket this mid-winter break with essential teaching time.*
 - *dates in April (and in some years March) to bracket this spring break with essential teaching time.*
 - *dates in June to ensure to the essential documentation and routines for the closure of the academic year.*

APPENDIX A

FLCA Staff Time-Off Request Form A - Medical Short-Term Absence

Directions: Please complete the following and email this to the Principal at your earliest convenience when two or less days, or portions of a day.

| | |
|--|--|
| Staff Name: | |
| Date submitted: | |
| Date(s) requested off: | |
| General Reason for leave: | |
| Total days off to date (including both paid and deducted): | |
| Substitute Covering and Substitute Plans Provided (attached files): | |

Time Off Request Form - OFFICE USE ONLY

Approved: Yes / No

Pay will be deducted: Yes / No

Principal Signature: _____ **Date Approved:** _____

Board Approval: _____ **Date Approved:** _____

| |
|---|
| Current personal/sick days remaining (PREVIOUS TO THIS REQUEST): |
|---|

APPENDIX B

FLCA Staff Time-Off Request Form B - Medical Long-term Absence

Directions: Please complete the following and email this to the Principal at your earliest convenience when three or more consecutive days.

| | |
|--|--|
| Staff Name: | |
| Date submitted: | |
| Date(s) requested off: | |
| General Reason for leave with Medical Documentation (attached): | |
| Total days off to date (including both paid and deducted): | |
| Substitute Covering and Substitute Plans Provided (attached files): | |

Time Off Request Form - OFFICE USE ONLY

Approved: Yes / No

Pay will be deducted: Yes / No

Principal Signature: _____ **Date Approved:** _____

Board Approval: _____ **Date Approved:** _____

Current personal/sick days remaining (PREVIOUS TO THIS REQUEST):

| |
|--|
| |
|--|

APPENDIX C

FLCA Staff Time-Off Request Form C - Planned Short-term Leave

Directions: Please complete the following and email this to the Principal at your earliest convenience when planning a short-term leave of two or less days.

| | |
|--|--|
| Staff Name: | |
| Date submitted: | |
| Date(s) requested off: | |
| General Reason for leave: | |
| Total days off to date (including both paid and deducted): | |
| Substitute Covering and Substitute Plans Provided (attached files): | |

Time Off Request Form - OFFICE USE ONLY

Approved: Yes / No

Pay will be deducted: Yes / No

Principal Signature: _____ **Date Approved:** _____

Board Approval: _____ **Date Approved:** _____

| |
|---|
| Current personal/sick days remaining (PREVIOUS TO THIS REQUEST): |
|---|

APPENDIX D

FLCA Staff Time-Off Request Form D - Planned Extended Leave

Directions: Please complete the following and email this to the Principal at your earliest convenience when planning a leave of two or more days.

| | |
|--|--|
| Staff Name: | |
| Date submitted: | |
| Date(s) requested off: | |
| General Reason for leave: | |
| Total days off to date (including both paid and deducted): | |
| Substitute Covering and Substitute Plans Provided (attached files): | |

Time Off Request Form - OFFICE USE ONLY

Approved: Yes / No

Pay will be deducted: Yes / No

Principal Signature: _____ **Date Approved:** _____

Board Approval: _____ **Date Approved:** _____

| |
|---|
| Current personal/sick days remaining (PREVIOUS TO THIS REQUEST): |
|---|