PLEASANTON INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

EMPLOYEE_____ CAMPUS_____

CAUSE OF ABSENCE_____

CHECK IF APPLICABLE: Official School Business ☐

DATE(S) OF ABSENCE_____ NUMBER OF DAYS ABSENT_____

NAME OF SUBSTITUTE(S)_____ DATES_____

_____ _____

_____ _____

Per District Policy DEC (LOCAL):

PERSONAL LEAVE: May not be taken for more than two consecutive days. If more than two consecutive days are taken, you will be docked your daily rate of pay for any additional days.

MEDICAL CERTIFICATION (Doctor's Note): Will be required for any employee absent more than three consecutive workdays because of personal illness. A medical certification of illness shall be submitted upon return to work. An employee absent more than three consecutive workdays because of illness in the immediate family shall present, upon return to work, medical certification of the family member's illness.

PLEASE NOTE: If no medical certification is provided, you will be docked your daily rate of pay after the third consecutive day.

_____ _____

SIGNATURE OF EMPLOYEE DATE SIGNATURE OF SUPERVISOR DATE

FOR OFFICE USE ONLY

	DAYS		DAYS	DEDUCTION
LOCAL LEAVE	_____	JURY DUTY	_____	
STATE LEAVE	_____	VACATION	_____	
OLD STATE SICK LEAVE	_____	DOCK	_____	_____
SCHOOL BUSINESS	_____	SICK LEAVE POOL	_____	
		OTHER (Military, Assault, Etc.)	_____	
	TOTAL DAYS	_____		

COMMENTS: _____

9/23/09