

CENTRAL I.S.D

ABSENCE FROM DUTY REQUEST/REPORT FORM

Employee _____
(please print)

Campus _____

Date(s) of Absence _____

Total # of Days Absent _____

Leave request shall be granted in accordance with DEC (LEGAL) and (LOCAL).

Reason for Absence* _____

*School related activity must include description of activity (Example: workshop at Region 7, in-house workshop, conference attended, UIL competition, etc.). If jury duty, documentation must be attached. If absent due to illness/injury more than (3) consecutive workdays, documentation must be attached.

Employee Signature

Date

Approved by: _____
Supervisor Signature

Date

Substitute Information:

Name of Substitute (please print)	Date(s)	Total # Days

Administration Office Use Only:

_____ local personal leave

_____ state personal leave

_____ state sick leave

_____ extended sick leave

_____ family medical leave

_____ SRA

_____ jury duty

_____ other _____