ABSENCE FROM DUTY REPORT

- **DISCRETIONARY LEAVE**: Submit this form for approval prior to the requested days absent from duty.
- **OTHER TYPES OF LEAVE**: Submit this form upon return from leave
- Absences of __5__ or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.

Name: _____ Today's Date _____ Employee Number/ID: _____

Check box for campus ❒ 001 ❒102 ❒104 ❒ District

❒ Full Days Absent: begin date _____ ❒ Partial Day Absent: begin Date _____

Total Days Absent: _____ ❒AM ❒PM

CHECK REASON FOR ABSENCE

PERSONAL

❒ Personal

❒ Jury duty or subpoena (attach documents)

❒ Bereavement *specify relationship:* _____ (attach documents)

OTHER

❒ Non-Contract days (226 contract employees only)

❒ Workers compensation

❒ Family Medical Leave Act

SUPERVISOR SIGNATURE NEEDED FOR PRE-APPROVED ABSENCE

Employee Signature for pre-approved absence: _____ Date:_____

❒ Check box for call-in absence

Substitute needed ❒ No ❒ Yes- if yes substitute name: _____

Principal signature _____ Date: _____

Superintendent signature: _____ Date: _____

FOR DISTRICT USE ONLY

	State Day
Beginning available balance:	_____
Personal days used this absence	_____
Balance of leave after this absence	_____
Absent deduct number of days:	_____ (*if no days were available*)
Daily rate of pay:	$_____
Total absent deduct this absence:	$_____