

S & S Consolidated Independent School District

ABSENCE-FROM-DUTY REQUEST/REPORT

- For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.
- Absences of 5 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Employees requesting or reporting extended discretionary leave of more than five days or before and after a holiday, must receive prior approval from the campus principal and superintendent to pre-authorize leave.
- Leave requests will be granted in accordance with board policy DEC.

Name	Position	
Department/campus	Date	
Is a substitute required <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Substitute		
Reason for absence	Date(s) of absence	Half or Full Day
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Specify relationship to work:</i>		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>		
<input type="checkbox"/> School Business <i>Specify:</i>		
<input type="checkbox"/> Personal business		
<input type="checkbox"/> Leave to care for a newborn child or for placement of a child		
<input type="checkbox"/> Jury duty or subpoena <i>Attach Receipt of Attendance</i>		
<input type="checkbox"/> Other		
Employee signature	Date	
Principal/supervisor signature	Date	
Date Recorded to Personnel Record	Date	
Leave status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
Category and amount of leave recorded: Unless used as extended leave employee must designate which type of leave is to be recorded for personnel record and state leave calculation. Local leave is not carried over from one year to the next. Half days are determined and recorded by hours.		
<input type="checkbox"/> 01 Local leave discretionary <input type="checkbox"/> 07 State sick leave non-discretionary *Only employees employed prior to 1995 may be eligible for use. <input type="checkbox"/> 08 State leave discretionary <input type="checkbox"/> Other		
<input type="checkbox"/> Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation		
Supervisor Comment:		