

COMMUNITY INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

Each employee must submit an absence from duty report immediately upon returning to duty. Please review the information carefully. **It is your responsibility to complete this form correctly. A separate check WILL NOT be issued to make payroll adjustments when absences are incorrectly reported.**

For illness absences of 3 or more days, a written statement from the attending physician or practitioner must be attached. Personal leave shall not exceed three (3) consecutive workdays, in accordance with DEC(LOCAL). May 18, 2016

Employee Name (Print)	Employee #	Campus
Reason for Absence	Date(s) of Absence	Circle one
1. <input type="checkbox"/> Personal illness or medical appointment Is illness or injury work related? Local <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No Personal <input type="checkbox"/>		4 8
2. <input type="checkbox"/> Illness or medical appointment in family Specify relationship: Local <input type="checkbox"/> Personal <input type="checkbox"/>		4 8
3. <input type="checkbox"/> Death in immediate family Specify relationship: Local <input type="checkbox"/> Personal <input type="checkbox"/>		4 8
4. <input type="checkbox"/> Family Emergency Specify: Local <input type="checkbox"/> Personal <input type="checkbox"/>		4 8
5. <input type="checkbox"/> Leave to care for newborn child/ Placement of child Local <input type="checkbox"/> Personal <input type="checkbox"/>		4 8
6. <input type="checkbox"/> Personal business or other discretionary reasons		4 8
7. <input type="checkbox"/> Jury Duty or Subpoena Please attach copy of subpoena		4 8
8. <input type="checkbox"/> School Business Specify: Name of Workshop: Location:		4 8
9. <input type="checkbox"/> Assault Leave		4 8
10. <input type="checkbox"/> Other		4 8
11. <input type="checkbox"/> Vacation		4 8

Leave recorded in whole workdays and half workdays only

Employee Signature	Date
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Supervisor Signature	Date
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Name of Substitute: _____ Dates Worked _____

Employee ID#: _____ ½ Day(s) _____ Full Day(s) _____ Total Days: _____