

Frenship Independent School District

ABSENCE FROM DUTY REPORT

Must be Completed & Submitted within 2 days of returning to work

Name _____ Employee ID # _____
 Campus _____ Teacher/ Prof Para Professional

Leave is granted in accordance with board policy DEC. Leave will be used in the order below unless otherwise requested. .

1. Comp Time
2. Local or State (personal), Local or State (sick)

ONLY ONE WEEK AT A TIME PER FORM

Reason for Absence	Date(s) of Absence	# of Days Absent	Description
Personal or Family illness or medical appointment: (Specify relationship if illness is family) Self _____ Family _____			Paid leave used for illness of employee, illness of immediate family member or family emergency. Must specify relationship of family member.
Personal Leave : <i>5 days notice required with Supervisor approval.</i> Date: _____ Signature: _____			Leave for personal reasons without loss of pay. Discretionary - Taken at the employee's discretion, subject to limitations. A written request for discretionary personal leave shall be submitted to the immediate supervisor five days before the anticipated absence. Non-discretionary - Used for personal illness, illness of immediate family, family emergency.
Death in immediate family (Specify relationship)			Maximum of 3 days to be used for death in immediate family.
Jury Duty (Attach a copy of certificate of attendance)			After release from Jury Duty you will be expected to return to work with signed release document
Staff development (List Specific Training Attended) Example: Region 17			List Training: _____
Compensatory Time			Will be taken first if available per FISD Comp Policy
Non-Duty Days <i>(226 day employees only)</i>			
Other: (Specify)			Extra Curricular Activities Examples: Sporting Events, Music, Band, AG and Etc..

Name of Substitute	Date(s) Worked	Total # of Days	Daily Rate (OFFICE USE ONLY)	Employ Sub Again? (Evaluate on back)	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
Account Code to Be Charged					

Employee Signature _____ Date _____

Principal /Supervisor Signature _____ Date _____

SUBSTITUTE EVALUATION

Substitute Name	Date of Assignment		
Teacher Name	Campus		
Classroom/Subject			
1. Classroom conditions / order	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
2. Class Assignments completed	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
3. Other employees' response to substitute	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
4. Students' response to substitute	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
Comments _____ _____ _____ _____			

Teacher Signature _____ Date _____

Principal Signature _____ Date _____