

## POTH ISD ABSENCE FROM DUTY FORM

- **Discretionary Leave:** Submit this form for approval prior to the requested absent from duty. Form must be submitted immediately upon return for all other leave.
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of 3 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

<b>Name</b>		<b>Position</b>	
<b>Department/Campus</b>		<b>Today's Date</b>	
<b>Substitute's Name</b>			
<b>Reason for Absence</b>		<b>Date(s) of Absence</b>	<b>Total Days Absent</b>
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>			
<input type="checkbox"/> Death in family <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Other/Workshop or Professional			
<input type="checkbox"/> Vacation Day (Custodians/Maintenance)			
<b>Employee Signature</b>		<b>Date</b>	
<b>Principal/Supervisor Signature</b>		<b>Date</b>	
<b>Leave Status:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Disapproved</b>			
<b>For Office Use Only:</b> <b>Category and amount of leave recorded:</b>			
<input type="checkbox"/> State personal leave ____ hours		<input type="checkbox"/> State sick leave ____ hours	
<input type="checkbox"/> Local leave ____ hours		<input type="checkbox"/> Family and medical leave ____ hours	
<input type="checkbox"/> Temporary disability ____ days		<input type="checkbox"/> Assault leave ____ hours/days	
		<input type="checkbox"/> Other:	
<b>Notice provided to employee:</b> <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation			