

Absent from Duty Form

Employee Name: _____

Check Campus:	Check Type of Leave:	Amount of Time Absent
<input type="checkbox"/> Cedar Park <input type="checkbox"/> Copperas Cove <input type="checkbox"/> Georgetown <input type="checkbox"/> Temple <input type="checkbox"/> Admin	<input type="checkbox"/> Personal/Sick Leave <input type="checkbox"/> Vacation <input type="checkbox"/> Jury Duty <input type="checkbox"/> Bereavement <input type="checkbox"/> Military <input type="checkbox"/> FMLA/Maternity <input type="checkbox"/> Workers Comp <input type="checkbox"/> Leave without Pay <input type="checkbox"/> Other _____	<input type="checkbox"/> ¼ Day (2 hours) <input type="checkbox"/> ½ Day (4 hours) Exempt <input type="checkbox"/> ¾ Day (6 hours) <input type="checkbox"/> 1 Day (8 hours) Exempt If multiple days, please indicate the appropriate number of days <input type="checkbox"/> _____
Date(s) of Absence	Reason for Absence	
	<input type="checkbox"/> Illness or Medical Appointment <input type="checkbox"/> Injury <div style="margin-left: 40px;">Is the injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <input type="checkbox"/> Death of family member-(Please circle one) <div style="margin-left: 40px;">Immediate Extended</div> <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 <input type="checkbox"/> Military Duty	

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

For Office Use

Has Leave been Approved?

Approved

Not Approved. If the leave is not approved, the pay can be docked.