

SUBSTITUTE USED:

ABSENCE FROM DUTY REPORT

Name	Position	
Dept/Campus	Date	
Reason for Absence	Date(s) of Absence	Total Days Absent
<input type="radio"/> Personal illness or medical appointment		
<input type="radio"/> Illness or medical appointment in the family		
<input type="radio"/> Death in family (specify relationship)		
<input type="radio"/> Emergency		
<input type="radio"/> Personal business (state personal leave only)		
<input type="radio"/> Jury duty or subpoena (attach documentation)		
<input type="radio"/> Other		
Employee Signature	Date	
Principal/Supervisor Signature	Date	
<p>Please <i>initial</i> the category below you would like the above day(s) charged to:</p> <p>State Personal Leave: _____ *Local Sick Leave: _____</p> <p>State Sick Leave: _____ Frozen Local Sick Leave: _____</p> <p>**Vacation: _____</p> <p><i>*Professional employees only</i> <i>**12 month employees only</i></p>		

Please attach a written statement from a health care practitioner for absences of 3 or more consecutive days for personal or family illness.