

Mineral Wells ISD

Absent from Duty Request/Report

Administrative Regulations:

1. This form must be submitted immediately upon return from all leave except as provided below for discretionary leave.
2. Discretionary leave must be requested in writing, using this form, at least 48 hours prior to the time you are requesting to be absent from duty.
3. Discretionary leave will not be granted on the first or last day of school, the day before or after a school holiday, days scheduled for campus semester exams, campus-wide state testing or professional development.
4. Absences of five or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
5. Employees requesting or reporting extended leave of more than five days must schedule a conference with the human resource office.
6. Leave requests will be granted in accordance with Board Policy DEC.

Name:		Date:		
Position:		Department / Campus:		
Reason for absence	Date(s) of absence	Half Day		Full Day
		A.M.	P.M.	
<input type="checkbox"/> School Business <i>Specify:</i>				
<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"/> Leave to care for a newborn child or placement of a child (non-discretionary)				
<input type="checkbox"/> Jury duty or subpoena (non-discretionary) <i>(attach documents)</i>				
<input type="checkbox"/> Death in the family <i>Specify:</i>				
<input type="checkbox"/> Other Comp Time _____ Bus Driving Dock _____				
DISCRETIONARY LEAVE				
<input type="checkbox"/> Personal business <i>See Policy DEC (local)</i>				
Discretionary Leave status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				
Employee signature	Date			
Principal/supervisor signature	Date			
FOR OFFICE USE ONLY				
Category and amount of leave recorded:				
<input type="checkbox"/> Local Leave _____ days		<input type="checkbox"/> State sick leave _____ days		<input type="checkbox"/> State Personal Leave _____ days
<input type="checkbox"/> Other: _____				
Substitute Name _____				
List Dates Worked: _____				# of Days Worked _____
Account Code: _____				
Posted to Skyward: Time off _____		Subtracking _____		Date: _____