



Navarro Independent School District

Absence From Duty Request/Report

All Leave requests will be granted in accordance with board policy DEC (LOCAL).

[NISD Board Policy DEC](#)

- For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty.
- Form must be submitted immediately upon return for all other leave.
- Absences of five (5) or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Employees requesting or reporting extended leave of more than five (5) days must schedule a conference with the Human Resources office.

Employee:		Employee #
Reason for Absence	Date(s) of Absence	Total Days Absent
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work related? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<input type="checkbox"/> Family illness or medical appointment Specify relationship:		
<input type="checkbox"/> Death in Family Specify relationship:		
<input type="checkbox"/> Family Emergency Specify:		
<input type="checkbox"/> Discretionary/Personal See Board policy DEC(Local)		
<input type="checkbox"/> Jury Duty or Subpoena Attach copy of documents		
<input type="checkbox"/> Other Describe:		
Employee Signature:		Date:
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>		
Principal/Supervisor signature:		Date:
For office use only		
Category and amount of leave recorded:		
02 District _____	03 Comp Time _____	04 Vacation _____
05 Discretionary _____	06 State Non-discretionary (Prior 95 Leave) _____	