

**COLUMBUS INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY FORM**

This form only for use when a substitute is not needed.

Employee Name: _____ Date(s) of Absence: _____
Campus: _____

Employee I.D. Number: _____
(Do Not Use SS#)

**Leave will be used in the following order unless an employee requests a different order:
Comp/Local Sick/State Sick/State Personal**

All DEC legal and local policies apply.

Circle One: Full Day Half Day

REASON FOR ABSENCE:

- | | |
|--|--|
| <p><input type="radio"/> Comp Day/Hours
_____</p> <p><input type="radio"/> Local Sick</p> <p><input type="radio"/> State Sick (Accumulated Prior to 95-96)</p> <p><input type="radio"/> State Personal</p> | <p><input type="radio"/> School Business _____</p> <p><input type="radio"/> Non-Duty Day (226+ day employees)</p> <p><input type="radio"/> Court Summons (attach summons)</p> |
|--|--|

Employee's Signature: _____

To Be Completed By Central Office:	COMP DAY/ HOURS _____	LOCAL SICK _____	STATE SICK _____	STATE PERSONAL _____
	SCHOOL BUSINESS _____	NON-DUTY DAY _____	COURT _____	ABSENT DEDUCT _____
Code No: _____				

Administrator's Signature: _____