

Absence From Duty Report

Name: Campus:

***Days will be taken from local leave unless you specify otherwise**

Reason For Absence	Check Preference		Dates of Absence	Total Days
Nondiscretionary "Sick" Leave Personal Illness Medical Appt.	State	Local		
Illness or Medical Appt. in Family Relationship:	State	Local		
Death in Family Relationship:	State	Local		
Discretionary "Personal" Leave	State	Local		
Jury Duty or Subpoena Attach Documents & Check				
Professional Leave Prior Approval Required				
Paid Leave				
Comp Time				
Vacation				

Employee Signature / Date

Supervisor Signature / Date

Office Use Only

STATE LEAVE

Nondiscretionary "Sick Leave" Discretionary "Personal" Leave

Old State Sick Leave

LOCAL LEAVE

Nondiscretionary "Sick" Leave Discretionary "Personal" Leave

Death In Family Professional Leave Full Day Dock

Jury Duty Comp Time Paid Leave

Vacation

Modified 9-9-15