

Absence from Duty Report

Employee Name: _____ Campus: _____

Date(s) Absent: _____ Total Number of Days Absent: _____

Substitute(s) Utilized:

Name	Date
_____	_____
_____	_____
_____	_____

TYPE OF ABSENCE (SELECT ONE)

School Business

- Workshop Student Activity (please identify) _____
 Other (please specify) _____

If attending a workshop, please attach certificate.

Non-Discretionary

- Personal Illness Family Illness Death in Family
 Jury Duty Military Duty Other (please specify) _____

Certification of personal or family illness is required if absence (1) exceeds three days, (2) occurs on a day when discretionary leave is prohibited, or (3) is required by supervisor. Please attach physician's note.

Jury and military duty require documentation. Please attach if applicable.

Discretionary

- Personal Vacation

*Use of discretionary leave requires prior approval from campus principal or supervisor at least **3 days** prior to absence. Please attach **Request for Leave** form with*

TYPE OF LEAVE USED

- State Leave
 Local Leave
 State Sick Leave (prior to 1995)

Employee's Signature: _____

Supervisor's Signature: _____

Superintendent's Signature: _____