

ABSENCE-FROM-DUTY REQUEST/REPORT

ABSENCE-FROM-DUTY REQUEST/REPORT

- 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.
- Absence of five or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave request will be granted in accordance with board policy DEC.

Name:		Position:	
Department/campus:		Date:	
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 ___ No			
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> School Business Leave <i>Specify:</i>			
<input type="checkbox"/> Jury duty or subpoena (attached documents)			
<input type="checkbox"/> Other			
Employee Signature:		Date:	
Principal/supervisor signature:	Date:	Superintendent Signature	Date:

Substitute: _____

Date: _____

Substitute: _____

Date: _____