

**CARTHAGE INDEPENDENT SCHOOL DISTRICT
 ABSENCE FROM DUTY REPORT
 MUST BE FILLED OUT BY EMPLOYEE**

Employee _____ Position _____

Employee Payroll Number _____ Campus _____

Date of Absence _____ From _____ Through _____ Total Days Absent _____

CAUSE OF ABSENCE:

- Personal Illness: _____ Sick _____ Drs Appt _____ Dental Appt _____ Other: _____
- Illness in Family: Relationship _____
- Death in Family _____
- School Business: _____ Workshop _____ School Trip _____ Other: _____
- Court Summons (attach copy of summons)
- Personal Business*
- Vacation _____ Other: _____

_____ STATE DAYS _____ LOCAL DAYS

A written statement from the attending physician must be attached if the duration of absence due to illness of the employee was more than five (5) days. If absence was due to illness of a family member, a written statement from the attending physician must be attached if the length of absence was more than five (5) days. For an extended leave beyond the time named above, you should call the Business Office and inquire about the FMLA (Family Medical Leave Act) Plan.

*Personal Business Days **MUST** have three (3) day prior approval by campus principal. A completed and signed Personal Business Day Request form must be submitted to the Business Office. Personal business days may not be taken for more than 2 consecutive days. See DEC Local for Personal Business Day schedule limitations.

 Employee's Signature Date

**FOR OFFICE USE ONLY
 Substitute Information**

****NOTE****
 All information **MUST**
 be filled out for substitute
 to be paid

<u>Substitute Payroll #</u>	<u>Substitute Name(s)</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments: _____

Signature of Principal or Supervisor _____ Date _____

Superintendent's Signature _____ Date _____

Payroll Only				
029 _____	030 _____	031 _____	032 _____	033 _____

Principal's offices please return completed and signed form to Joni Lee at the Business Office.