

VAN VLECK ISD

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.
- Absences of 5 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached. Employees requesting or reporting extended leave of more than 5 days must schedule a conference with the Superintendent.
- Leave requests will be granted in accordance with board policy DEC.

NAME		POSITION	
DEPARTMENT/CAMPUS:		DATE OF REQUEST:	
NAME OF SUBSTITUTE:			
Reason for Absence	Date(s) of Absence	Total Days Absent	
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>			
<input type="checkbox"/> Death in family <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Assault leave			
<input type="checkbox"/> Other			
Employee Signature		Date	
Principal/Supervisor Signature		Date	
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
For Office Use Only: Category and amount of leave recorded: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> State personal leave ____ hours <input type="checkbox"/> Local leave ____ hours <input type="checkbox"/> Temporary disability ____ days </div> <div> <input type="checkbox"/> State sick leave ____ hours <input type="checkbox"/> Family and medical leave ____ hours <input type="checkbox"/> Other: </div> </div>			
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation			