

ABSENCE FROM DUTY REQUEST/REPORT

For discretionary leave, this form must be submitted for approval 5 working days prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.

Discretionary personal leave may not be taken for more than one day at a time except in extenuating circumstances as determined by the Superintendent. Discretionary leave shall not be allowed on the day before a school holiday, the day after a school holiday, days scheduled for end-of-semester or end-of-year exams, days scheduled for TAKS tests, professional or staff development days, or the first or last week of the school year.

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 five days must schedule a conference with the personnel office.

Leave requests will be granted in accordance with board policy DEC.

Name: _____ Position: _____ Date: _____

Dept./Campus: _____

Reason for Absence:

Date(s) of Absence: _____

Personal illness or medical appointment.

Total Days/Hours: _____

Is illness or injury work-related? **Yes** or **No**

Illness or medical appointment in family (Specify relationship: _____)

Death in family (Specify relationship: _____)

Emergency (Specify: _____)

Personal business

Leave to care for a newborn child or for placement of a child

Jury duty or subpoena (attach documents)

Other

Workshop

Employee signature: _____ Date: _____

Principal signature: _____ Date: _____

Leave Status:

Approved

Not approved

Substitutes employed/dates:
