



## PEWITT CISD ABSENCE FROM DUTY REPORT

- **Discretionary Leave:** Submit this form for approval two (2) business days prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave. Limit three (3) consecutive personal days and no day immediately before or after a school holiday, on a state mandated testing date, or on any professional development / campus workday date, or during the first and last week of instruction. - DEC (LOCAL).
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of five (5) or more consecutive days for personal illness or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

<b>Name</b>		<b>Position</b>	
<b>Department/Campus</b>		<b>Date</b>	
<b>Reason for Absence</b>		<b>Date(s) of Absence</b>	<b>Total Number of Days A.M. or P.M. ½ Day Or Whole Day</b>
<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 - FMLA (including 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			
<input type="checkbox"/> Professional Leave			
<b>Employee Signature</b>		<b>Date</b>	
<b>Principal/Supervisor Signature</b>		<b>Date</b>	
<b>Leave Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<b>Substitute:</b> <input type="checkbox"/> NA <small>(First and Last Name)</small>	
<b>For Office Use Only:</b> <span style="float: right;"><b>Category and amount of leave recorded:</b></span>			
<input type="checkbox"/> State personal leave ____ days		<input type="checkbox"/> State sick leave ____ days	
<input type="checkbox"/> Local leave ____ days		<input type="checkbox"/> Family and medical leave ____ hours / days	
<input type="checkbox"/> Temporary disability ____ days		<input type="checkbox"/> Assault leave ____ days	
		<input type="checkbox"/> Other:	
<b>Notice provided to employee:</b> <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation election to use paid leave			