



# Dodd City ISD

## Absent From Duty Report

Each employee must submit an Absent from Duty Report immediately after returning to duty. A written statement from the attending medical practitioner must be submitted for an absence of five (5) or more continuous work days.

<b>Name:</b>	<b>Position:</b>
<b>Employee#:</b>	<b>Date:</b>
<b>Reason For Absence</b>	<b>Date(s) of Absence</b>
<input type="checkbox"/> <b>Personal illness or medical appointment</b>	
<input type="checkbox"/> <b>Illness or medical appointment in family</b> <i>Specify relationship: Mother</i>	
<input type="checkbox"/> <b>Personal business</b>	
<input type="checkbox"/> <b>Death in Family</b> <i>Specify relationship:</i>	
<input type="checkbox"/> <b>School Business (List Event)</b>	
<input type="checkbox"/> <b>Family and medical Level - Extended</b>	
<input type="checkbox"/> <b>Jury Duty (Attach Documentation)</b>	
<input type="checkbox"/> <b>Bus Trips</b>	
<b>Employee Signature:</b>	<b>Principal/Supervisor Signature:</b>

To be completed by the campus office:

<b>Name of Substitute:</b>	<b>Date(s):</b>

Office use only:

Type of Leave used

<input type="checkbox"/> <b>Local Day</b>	<input type="checkbox"/> <b>State Personal</b>	<input type="checkbox"/> <b>State Sick Leave</b> <i>(earned prior to 1995)</i>
<input type="checkbox"/> <b>Deduct Full Day</b>	<input type="checkbox"/> <b>Deduct Half Day</b>	<input type="checkbox"/> <b>Bus Trip</b>