

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 five days must schedule a conference with the personnel office.
- Leave requests will be granted in accordance with board policy DEC.

Name		Position	
Department/campus		Date	
Reason for absence		Date(s) of absence	Total hours 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"/> Leave to care for a newborn child or for placement of a child			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Other			
Employee signature		Date	
Principal/supervisor signature		Date	
Leave status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
Substitute(s):		Date(s):	
For office use only: Category and amount of leave recorded:			
<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 ____ days	
<input type="checkbox"/> Temporary disability ____ days		<input type="checkbox"/> Other:	
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation			