

**SHAMROCK ISD  
ABSENCE FROM DUTY REPORT**

EMPLOYEE \_\_\_\_\_ CAMPUS \_\_\_\_\_

REASON FOR ABSENCE \_\_\_\_\_

DATE(S) OF ABSENCE \_\_\_\_\_

NO. OF DAYS ABSENT \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TEACHER

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NAME OF SUBSTITUE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PRINCIPAL

**\*\*\* EACH EMPLOYEE MUST SUBMIT THIS FORM TO THE PRINCIPAL'S OFFICE IMMEDIATELY AFTER RETURNING TO WORK. THIS ALSO INCLUDES WORKSHOP OR TRAINING DAYS.**

A WRITTEN STATEMENT FROM THE ATTENDING PHYSICIAN MUST BE SUBMITTED FOR AN ABSENCE OF FIVE DAYS OR MORE.