HONEY GROVE ISD
ABSENT FROM DUTY REPORT

MONTH: _____ **YEAR: 2**_____

EMPLOYEE: _____

CAMPUS: **Elementary** ___ **Middle** ___ **High** ___ **Central Office** _____

CAUSE OF ABSENCE (Please Circle One): **State Sick** **State Personal** **Local Personal**

School Business **Other:** _____

DATE(S) OF ABSENCE: _____

_____

NUMBER OF DAYS ABSENT: _____

_____
Signature of Employee

LEAVE PER DISTRICT POLICY	DAYS
STATE SICK LEAVE (Days accumulated prior to 1992)	
STATE PERSONAL LEAVE (5 days annually – accumulative)	
LOCAL PERSONAL LEAVE (2 days annually – NOT accumulative)	
LOCAL SICK LEAVE (Paraprofessional Only – accumulated before 1992)	
SCHOOL BUSINESS	
JURY DUTY	
VACATION/NON-SCHEDULED DAYS*	
TOTAL DAYS	

*Applicable only to personnel contracted more than 187 days

NAME OF SUBSTITUTE(S): **DATE(S):**

_____ _____

_____ _____

_____ _____

_____ _____

COMMENTS: _____

_____

_____
Signature of Principal/Supervisor

NOTE: 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. This statement should appear either on this form or be attached securely hereto.