

**HARTLEY ISD**  
**SCHOOL EMPLOYEE REPORT OF ABSENCE**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Teacher \_\_\_\_\_ Clerical \_\_\_\_\_ Custodial \_\_\_\_\_ Cafeteria \_\_\_\_\_ Teacher Aide \_\_\_\_\_

Name of substitute used, if any \_\_\_\_\_

I hereby apply for leave of absence \_\_\_\_\_ I have been absent on the following dates:

\_\_\_\_\_

Beginning (first day of absence) \_\_\_\_\_ Ending (last day of absence) \_\_\_\_\_

Reason for absence: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Principal/School Authority Signature

***FOR OFFICE USE ONLY:***

Sick Leave \_\_\_\_\_ Funeral Leave \_\_\_\_\_ Personal Leave \_\_\_\_\_ Deduct \_\_\_\_\_ Other \_\_\_\_\_