

ABSENCE FROM DUTY

Employee Name	
ID#	Date of Absence

Reason for Absence

- Personal Leave, Illness or Doctor Appointment (Medical certification required after 5 consecutive days of absences)
- Professional Leave (Documentation required)
- Worker's Compensation (Must have doctor's statement starting with 1st day claimed)
- Jury Duty (Documentation required)
- Illness in family (Medical certification required after 5 consecutive days)

Relationship: _____

- Death in immediate family

Relationship: _____

- Funeral

Location: _____

Length of Absence

Check only one

- FULL DAY
- Morning (7:45-11:45)
- Afternoon (11:45-3:45)

PAYROLL USE ONLY	
Local	
State	
Professional	

Substitute Requested: _____

X

Employee Signature

Request is not valid without signature.

SUBSTITUTE INFORMATION

Substitute Name	
ID #	Date of Service

Time In	
Time Out	

Substitute Signature

Date



MOTLEY COUNTY ISD
1600 Bundy PO Box 310
Matador, TX 79244

X

William Cochran, Superintendent