

ROCKSPRINGS ISD ABSENCE FROM DUTY REPORT

NOTE: Each employee must submit an Absence from Duty Report immediately after returning to duty if the absence was unplanned. If the absence is planned then this form must be submitted at least two days in advance. A written statement from the attending physician or practitioner must be submitted for an absence of five(5) or more continuous workdays. This statement should be attached securely.

Employees receive 5 State and 5 Local Each Year

5 Local Sick Leave Days Each Year
(Accumulates to 10)

Employee name: _____

Employee number: _____

Date of absence: _____

Please mark number of days:

☐

Full Day

☐

1/2 AM

☐

1/2 PM

☐

10/2 Medical *Note required

☐

Sick/Funeral (Employee or Immediate family)

☐

School Busi./Staff Develop.

____ Local ____ State

☐

School Busi./Field Trip

☐

Vacation (12 month Employee ONLY)

☐

School Busi./UIL

Jury Duty

☐

School Busi./Athletics

☐

Physicians' Statement Required (5 or more days)

Description: _____

Signature of Employee

PERSONAL DAY(S) Scheduled Personal Leave-please fill out the information below:

Use this form to request personal leave in situations that do not involve your own personal illness or injury or the illness or injury of a member of your immediate family.

This form must be turned in to the principal at least 1 day before the requested date of absence.

____ State

☐

Full Day

☐

1/2 AM

☐

1/2 PM

No more than 10% percent of the staff may use scheduled personal leave on the same day. The principal or supervisor may withdraw approval for scheduled personal leave if unforeseeable absences among other staff (bad weather, flu, or other transmittable disease) would affect the efficient and effective operation of the campus or department.

Signature of Employee

You will not be paid for days of personal leave if you do not comply with this procedure for scheduling.

Substitute(s): _____

Employee # _____

Date: _____

For office use only:

Number of days Requested _____

Number Days Available _____

Number Days Charged _____

Signature of Supervisor

Date