

## EARLY INDEPENDENT SCHOOL DISTRICT ABSENCE FROM DUTY REPORT

Employee: \_\_\_\_\_ Date: \_\_\_\_\_ Campus: \_\_\_\_\_

Date of Absence	Time Absent	Cause of Absence	Sub Needed	Time Needed	Name of Sub (Office Use Only)
			Yes No		
			Yes No		
			Yes No		
			Yes No		
			Yes No		

Comments:

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

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Complete, print, sign and turn in to office.

**Cause of Absence:**

**Unless an employee requests a different order, available paid state and local leave shall be used in the order listed, as applicable.**

**Local Sick Leave** – are used the same as Non-Discretionary Leave. Local Leave cannot be used for discretionary reasons.

**\*State Sick Leave –**

State Leave accumulated prior to May, 1995. Sick leave is used for the reasons as Non-Discretionary State Personal Leave.

**State Personal Leave – (please specify)**

Discretionary – personal reasons (no more than 5 days in one semester and no more than 5 consecutive days). Only state Personal Leave can be used for discretionary reasons.

Non-Discretionary – Employee or family illness/family emergency/ death in employee’s immediate family. Personal Sick, State Sick, and Local Leave can be used.

**Extended Leave** – only for employee’s personal illness or disability.

**Staff Development or Workshop**

**Jury Duty - Documentation from Court Must Be Attached**

**Extra Duty** –(School business related-athletic events, academic events, testing, etc.)

**Non-Duty Day** – (226 day employees only)

Assault Leave