

# ARANSAS PASS ISD

## ABSENCE FROM DUTY REPORT

- Absences of more than 3 consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted in accordance with board policy DEC.

<b>Name:</b>	<b>Position:</b>
<b>Campus:</b>	<b>Today's Date:</b>

<b>As available, which type of leave do you choose to use:</b>		
<input type="checkbox"/> <b>State leave prior to 1996</b> (family or personal illness only)	<input type="checkbox"/> <b>State Personal</b> (any reason)	<input type="checkbox"/> <b>Local Leave</b> (family or personal illness only)
Reason for Absence	Date(s) of Absence	Total Hrs/Day(s) Absent
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work related? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i> _____		
<input type="checkbox"/> Death in family <i>Specify relationship:</i> _____		
<input type="checkbox"/> Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)		

Other leave	Date(s) of Absence	Total Hrs/Day(s) Absent
<input type="checkbox"/> Personal Business (attach copy of leave request)		
<input type="checkbox"/> Jury Duty or Subpoena (attach documents)		
<input type="checkbox"/> School Related (specify)		
<input type="checkbox"/> Staff Development (attach documentation)		
<input type="checkbox"/> Vacation/Non-Contract Days		
<b>Employee Signature:</b>	<b>Date Signed:</b>	
<b>Principal/Supervisor Signature:</b>  <input type="checkbox"/> <b>Approve</b> <input type="checkbox"/> <b>Disapprove</b>	<b>Date Signed:</b>	
<b>Substitute(s) Name:</b>	<b>Dates(s) Worked</b>	<b>Total Day(s)</b>