

ABSENCE FROM DUTY FORM

NAME _____ DATE: _____

Date you will be absent from duty: _____

Time you will be absent from duty: _____

PLEASE CHECK TYPE OF LEAVE YOU WANT TO USE:

_____ **SPL** – State Personal Leave – accumulates – moves district to district

_____ **DPL** – District Personal Leave – does not accumulate

Date Absent: _____, 20__ Full day _____ Half day _____ AM or PM _____

Date Absent: _____, 20__ Full day _____ Half day _____ AM or PM _____

Date Absent: _____, 20__ Full day _____ Half day _____ AM or PM _____

Date Absent: _____, 20__ Full day _____ Half day _____ AM or PM _____

Date Absent: _____, 20__ Full day _____ Half day _____ AM or PM _____

REASON FOR ABSENCE: (Please select one)

_____ Death in family

_____ Personal business

_____ School business

_____ Jury Duty

_____ Assault Leave

_____ Personal illness

_____ Vacation

_____ Other/specify _____

Employee's Name (printed): _____

Employee's Signature: _____

_____ Approved: Does not exceed 2 hours – will not dock time

_____ Approved: Absent 2 to 4 hours – will dock ½ day

_____ Approved: Absent all day – will dock one day

_____ Approved: School business only – will not dock time

_____ Denied: _____

_____ Other: _____

Principal's Signature: _____

Date Received: _____

Sub called and confirmed: _____