

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 _____ Jury Duty
_____ Assault Leave _____ Personal Illness _____ Vacation
_____ School Business - What did you attend? _____

Employee Signature: _____

Employee Name - printed: _____

_____ Approved:	_____ Does not exceed 2 hours - will not dock time
_____ Approved:	_____ Absent 2 to 4 hours - will dock 1/2 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: _____