

ABSENCE FROM DUTY REPORT

- For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.
- Absences of more than **three (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.

Name		Position	
Department/Campus		Date	
Reason for Absence	Date(s) of Absence	Total Days 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"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Assault leave			
<input type="checkbox"/> School business leave			
<input type="checkbox"/> Other			
Employee Signature		Date	
Principal/Supervisor Signature		Date	
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
For Office Use Only: Category and amount of leave recorded:			
<input type="checkbox"/> State personal leave ____ hours		<input type="checkbox"/> State sick leave ____ hours	
<input type="checkbox"/> Local leave ____ hours		<input type="checkbox"/> Family and medical leave ____ hours	
<input type="checkbox"/> Temporary disability ____ days		<input type="checkbox"/> Other:	
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation			