ROCKSPRINGS ISD ABSENCE FROM DUTY REPORT

NOTE: Each employee must submit an Absence from Duty Report immediately after returning to duty if the absence was unplanned. If the absence is planned then this form must be submitted at least two days in advance. A written statement from the attending physician or practitioner must be submitted for an absence of five(5) or more continuous workdays. This statement should be attached securely.

5 State Personal or Sick Leave Days Each Year

5 Local Sick Leave Days Each Year (Accumulates to 10)

Employee name: _____

Employee number: _____ **Date of absence:** _____

Please mark number of days:

☐ Full Day ☐ 1/2 Day AM ☐ 1/2 Day PM

_____ Personal (Discretionary)

_____ Sick/Funeral (Employee or Immediate family) ____State

_____ ____Local

_____ Vacation (12 month Employee ONLY)

_____ Jury Duty

_____ School Busi,/Staff Development

_____ School Busi./Field Trip

_____ School Busi./UIL

_____ School Busi./Athletics

Description: _____

_____

☐ **Physicians' Statement Required**
(5 or more days)

_____
Signature of Employee

Please fill out the information below if requesting a Scheduled Personal Leave.

Use this form to request personal leave in situations that do not involve your own personal illness or injury or the illness or injury of a member of your immediate family.

This form must be turned in to the principal at least 1 day before the requested date of absence.

Name: _____ Assignment: _____

Beg. Date: _____ Ending Date: _____

No more than 10% percent of the staff may use scheduled personal leave on the same day. The principal or supervisor may withdraw approval for scheduled personal leave if unforeseeable absences among other staff (bad weather, flu, or other transmittable disease) would affect the efficient and effective operation of the campus or department.

You will not be paid for days of personal leave if you do not comply with this procedure for scheduling.

Substitute(s): _____ **Employee #** _____ **Date:** _____

For office use only:

Number of days Requested _____

Number Days Available _____

Number Days Charged _____

_____
Signature of Supervisor **Date**