

Lasara ISD

Absence from Duty Report

2012-2013

Employee's Name: _____

Reason for Abs: (check one) ___ Personal ___ Sick ___ Staff Dev./School Bus. ___ Other: _____

Date(s) of Absence(s): _____

Description of Staff Development/School Business: _____

Number of days absent: (circle appropriate) 1 2 3 4 5 _____ other

Employee Signature

Date

Substitute: _____ Date: _____ Full Day Half Day

Substitute: _____ Date: _____ Full Day Half Day

Substitute: _____ Date: _____ Full Day Half Day

Substitute: _____ Date: _____ Full Day Half Day

Do Not Write Below This Line

Classification of Leave

Day(s)

Funding Source

Sick Leave: _____

Personal Leave: _____

Other (Specify): _____

Comments: _____

Authorized School Official Signature

Date

NOTE: Each employee must submit an Absence from Duty Report immediately upon returning to duty to principal or immediate supervisor. A written statement from the attending physician or practitioner is required for absences of five (5) or more continuous days.