

Monthly Hourly
 Bi- Weekly

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
 CLASSIFIED ABSENCE FROM DUTY REPORT FORM**

DIRECTIONS: Each employee must submit an Absence From Duty Report for each pay period in which absences occur. A written statement from the attending health care practitioner must be firmly attached to this report and submitted for illnesses in excess of five (5) consecutive work days. A Leave Request Form must be submitted to Personnel on the six (6) consecutive work day.

EMPLOYEE: _____ TO _____
 LAST NAME FIRST NAME MIDDLE INITIAL LOCATION PAY PERIOD START PAY PERIOD END EMPLOYEE ID NUMBER

SICK/PERSONAL LEAVE (To be taken in One (1) Hour Increments)	Local # Hours	State #Hours	Dates	Comments
Illness	02	03		
Death in Immediate Family (Maximum 5 Days, if Available)	21	22		
Worker's Compensation	31	32		
Worker's Compensation (Without Pay)	33			
State Personal Leave (After 95-96) State Accumulates Limitations Apply		42		Req On: () Illness
				App. On: () Personal

OTHER LEAVES (To be taken in HALF and FULL DAYS)	Total # Days	Dates	Comments
Vacation (<i>Bi-Weekly Employees</i>)	62 (Current Yr.)		
	64 (Previous Yr.)		
Non-Working Days (<i>Monthly Hourly Employees</i>)	72 (Current Yr.)		
	74 (Previous Yr.)		
Assault Leave	79		
LPAC	88		
ARD	89		
Professional Leave (<i>Copy of Professional Leave must be submitted</i>)	91		
Jury Duty/Subpoena (<i>Certificate of Jury Service must be submitted</i>)	92		
Religious Observation	93		
Military	94		
Administrative Leave	95		
Administrative Leave (<i>Without Pay</i>)	96		

Employee's Signature

Date

Administrator's/Supervisor's Signature

Date

* Local Leave will be exhausted before state leave is used if not specified on this form * Verify employee ID number and that all absences are correctly posted on this form * All absences must be posted on TimeClock Plus before sending the absence report to Payroll * State Personal cannot be used before and/or after a Holiday * Family Medical Leave (FMLA) must be requested through the Personnel Department *