

EVERMAN INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

EMPLOYEE NAME _____ EMPLOYEE # _____

Campus _____

Reason for Absence _____

Date(s) of Absence _____ Number of Days Absent _____

Signature of Employee

STATE <i>May only take 3 days in a row</i>	LOCAL	Other	Comp-time	DEDUCT Full or ½ Day (Dock)	Non-Duty/Vacation <i>(226 & 260 Employees ONLY)</i>
Total Days _____	Total Days _____	Jury Duty <i>*Attach Summons</i> Total Days _____	Total Days _____	Total Days _____	Total Days _____
Full Day <input type="checkbox"/>	Full Day <input type="checkbox"/>	_____	Full Day <input type="checkbox"/>	Add Comments Below In Comment Box. If Needed	Full Day <input type="checkbox"/>
Half AM <input type="checkbox"/>	Half AM <input type="checkbox"/>	School Business <i>*Attach Certificate</i> Total Days _____	Half AM <input type="checkbox"/>		Half AM <input type="checkbox"/>
Half PM <input type="checkbox"/>	Half PM <input type="checkbox"/>	_____	Half PM <input type="checkbox"/>		Half PM <input type="checkbox"/>

**If discretionary leave occurs on a restricted day, please note that earnings will be docked in accordance with district policy. Please refer to the employee handbook.*

Name of Substitute(s) _____ Date _____

AESOP Confirmation #: _____

Comments _____

Signature of Administrator

Date approved

Note: Each employee must submit an **Absence From Duty Report** either before or immediately after returning to duty. 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 appear either on this form or be attached securely hereto. Up to 3 days may be entered in AESOP by the employee (if in advance) or Administrator. It is imperative that absences be entered in the month in which the absence occurred.