

SUBSTITUTE USED:

**ABSENCE FROM DUTY REPORT**

<b>Name</b>	<b>Position</b>	
<b>Dept/Campus</b>	<b>Date</b>	
<b>Reason for Absence</b>	<b>Date(s) of Absence</b>	<b>Total Days Absent</b>
o Personal Illness or medical appointment		
o Illness or medical appointment in the family		
o Death in family (specify relationship)		
o Emergency		
o Personal business (state personal leave only)		
o Jury duty or subpoena (attach documentation)		
o Other		
<b>Employee Signature</b>	<b>Date</b>	
<b>Principal/Supervisor Signature</b>	<b>Date</b>	
<p>Please <i>initial</i> the category below you would like the above day(s) charged to: State Personal Leave: "Local Sick Leave:</p> <p>State Sick Leave: Frozen Local Sick Leave: **Vacation:</p> <p><i>* Professional employees only **12 month employees only</i></p>		

Please attach a written statement from a health care practitioner for absences of 3 or more consecutive days for personal or family illness.