

# Agua Dulce ISD

PO Box 250

Agua Dulce Texas, 78330

Shipping address:

1 Longhorn Drive

Ph. 361-998-2542

Fax 361-998-2816



## Absence Request

### Absence Information

Employee Name: \_\_\_\_\_

Campus : \_\_\_\_\_ Position: \_\_\_\_\_

Type of Absence Requested:

- Illness of Employee     Illness of Family     Bereavement     Time Off Without Pay
- Family Emergency     Jury Duty     Maternity/Paternity     Personal Business
- School Business     Vacation     Assault Leave     Other

Check one please: I choose to allocated absence to? ( ) State days earned prior to 1995 or State/Local Days ( )

Explanation required : \_\_\_\_\_

**A copy of the workshop flier must be attached for school business/workshops.**

Estimated School Related Expenses if applicable: \_\_\_\_\_

Dates of Absence: From: \_\_\_\_\_ To: \_\_\_\_\_

Total Day(s) Absent: \_\_\_\_\_

**Note:** Each employee must submit an Absence Request before or immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than five (5) consecutive workdays. This statement either should appear on this form or may be attached securely hereto. School Board Policy DEC (legal) and DEC (local) designates the use of local and state personal leave for all employees.

**You must submit requests for absences, other than sick leave, two days prior to the first day you will be absent.**

\_\_\_\_\_  
*Employee Signature* *Date*

### Approval

- Approved
- Rejected

\_\_\_\_\_  
*Principal/Supervisor Signature* *Date*

\_\_\_\_\_  
*Superintendent Signature* *Date*