

PEASTER ISD ABSENCE FROM DUTY REPORT

- **Discretionary Leave:** Submit this form for approval prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave.
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of 3 or more consecutive days for personal or family illness must have medical certification from a health care provider attached.
- Leave Requests will be granted and recorded in accordance with board policy DEC unless employee indicated a different order below.

Name	Position	
Department/Campus	Date	
Reason for Absence	Date(s) of Absence	Total Hours Absent
<input type="checkbox"/> Personal leave		
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>		
<input type="checkbox"/> Death in family <i>Specify relationship:</i>		
<input type="checkbox"/> Emergency <i>Specify:</i>		
<input type="checkbox"/> Family and medical leave (including care for a newborn child, placement of a child, qualifying exigency, etc.)		
<input type="checkbox"/> Jury duty or court appearance with a subpoena (attach documents)		
<input type="checkbox"/> Other		
Employee Signature	Date	
Supervisor Signature	Date	
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
For Office Use Only: Category and amount of leave recorded:		
<input type="checkbox"/> Personal leave _____ hours <input type="checkbox"/> Vacation _____ hours <input type="checkbox"/> Bereavement _____ hours <input type="checkbox"/> FML _____ hours <input type="checkbox"/> Other:		
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation election to use paid leave		