

# BARBERS HILL INDEPENDENT SCHOOL DISTRICT

## ABSENCE FROM DUTY REPORT

EMPLOYEE: \_\_\_\_\_ Department: \_\_\_\_\_

\*\*\*\*\*Please designate State or Local when applicable\*\*\*\*\*

<u>Reason for Absence:</u>	<u>Date(s) of Absence</u>	<u>Total Days</u>
Personal Illness or Medical Appointment _____ State _____ Local	_____	_____
Family Illness or Medical Appointment Specify Relationship: _____ State _____ Local	_____ _____	_____
Death in Family Specify Relationship: _____ State _____ Local	_____ _____	_____
Personal Leave (State Only)	_____	_____

<u>Reason for Absence:</u>	<u>Date(s) of Absence</u>	<u>Total Hours</u>
Non-Duty Leave	_____	_____

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Signature of Approval

**NOTE:** Each employee must submit an Absence from Duty Report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of four (4) or more continuous work days if absence is because of personal illness or illness in immediate family. This medical certification should be sent to the Human Resources. School Board policy defines "immediate family" as any one of the following: Spouse; Son or Daughter, including a biological, adopted, or foster child, a son-or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands in loco parentis; Parent, including step-parent, parent-in-law, or other individual who stands in loco parentis to the employee; Sibling, including step-sibling, sibling-in-law; Grandparent and Grandchild; Any person who may be residing in the employee's household at the time of illness or death.

**Discretionary:** Leave taken at an employee's discretion that can be scheduled in advanced is considered discretionary leave. An employee wishing to take discretionary personal leave must submit a request to his or her supervisor **five** days in advance of the anticipated absence.