MATHIS INDEPENDENT SCHOOL DISTRICT
ABSENT FROM DUTY FORM

NAME: _____

CAMPUS/DEPT: _____

Substitute Teacher Request: _____ **is substituting for** _____

Date of Absence(s): _____ **Week of:** _____

1) _____ **( ) AM ( ) PM ( ) All Day Sub: ( )Yes ( ) No Preference:** _____
2) _____ **( ) AM ( ) PM ( ) All Day Sub: ( )Yes ( ) No Preference:** _____
3) _____ **( ) AM ( ) PM ( ) All Day Sub: ( )Yes ( ) No Preference:** _____
4) _____ **( ) AM ( ) PM ( ) All Day Sub: ( )Yes ( ) No Preference:** _____
5) _____ **( ) AM ( ) PM ( ) All Day Sub: ( )Yes ( ) No Preference:** _____

Date Received _____ **Sub Contacted** _____ **Book Updated** _____

INSTRUCTIONS: Complete and submit your Absence from Duty Report to your campus principal and/or immediate supervisor. Failure to submit a report on a timely basis may result in a payroll deduction.
Types of Leave: Please select the type of leave and enter below.

Types of leave	
02	Paid Vacation (Auxiliary Staff) (20)
03	Local Sick Leave
04	Jury Duty
05	Staff Development (50)
06	Non-Duty Day (215-day staff)
07	State Sick Leave

Types of leave	
08	State Personal Leave
09	School Business, fill in blank below
11	Military Leave
12	Assault Leave
20	Compensatory Time (80)
41	Court Appearances (Subpoena)

If absence is due to school business provide detail of name and location of Event:

_____

For additional information related to the types of leaves, refer to School Board Policy DEC.

Day	Date	Time of Absence: am / pm / all day	Type of Leave

THREE (3) or more consecutive days of absence requires a written statement from the attending physician. Please attach statement.

EMPLOYEE'S SIGNATURE: _____ **EMPLOYEE #:** _____

Incomplete forms will be returned to the employee. Giving false information knowingly will be grounds for dismissal.

APPROVAL OF SUPERVISOR: _____ **DATE:** _____/_____/_____

APPROVAL OF SUPERINTENDENT _____ **DATE:** _____/_____/_____

RECEIVED BY PAYROLL DEPARTMENT ON _____**, 20**____ **DATE:** _____/_____/_____

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