



# FABENS

INDEPENDENT SCHOOL DISTRICT

821 NE 'G' Avenue  
P.O. Box 697  
Fabens, TX 79838  
  
(915) 765-2600  
webmaster@fabensisd.net  
  
www.fabensisd.net

## Absence from Duty Form

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

ID#: \_\_\_\_\_

*Employees are responsible for coding each absence. Please use the codes listed below.*

| Date(s) of Absence | Number of Days/Hours | Absence Code | Leave Path             |
|--------------------|----------------------|--------------|------------------------|
|                    |                      |              | State<br>Local<br>Comp |
|                    |                      |              | State<br>Local<br>Comp |
|                    |                      |              | State<br>Local<br>Comp |

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

| ABSENCE CODES                               |                                       |  |
|---|---------------------------------------|--|
| 10 Personal Illness                         | 11 Doctor's Appointment               | 66 Compensatory Time   |
| 20 Illness of Family<br>State Member: _____ | 30 Death In Family<br>Relation: _____ | 13 Worker's Compensation<br>Must have Dr. statement starting 1st day of claim. |
| 40 Personal Business                        | 50 Emergency                          | 60 Jury Duty/Subpoena/Summons<br>Documentation Required                        |
| 62 Staff Development                        | 63 School Business<br>Please Specify  | 64 Military Reserves   |
| 70 Vacation/Non-Duty                        | 80 Religious                          | 90 Other: _____  |

Medical Certification: An employee absent more than three (3) consecutive days because of personal illness or illness in their immediate family shall present upon return to work, medical certification of member's illness or his/her illness and fitness to return to work.