



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 Local Comp
			State Local Comp
			State Local Comp

Employee Signature

Date

Authorized Signature

Date

ABSENCE CODES		
10 Personal Illness	11 Doctor's Appointment	66 Compensatory Time
20 Illness of Family State Member: _____	30 Death In Family Relation: _____	13 Worker's Compensation Must have Dr. statement starting 1st day of claim.
40 Personal Business	50 Emergency	60 Jury Duty/Subpoena/Summons Documentation Required
62 Staff Development	63 School Business 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.