

# Woodsboro Independent School District Absence from Duty Request Form



For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Discretionary leave of more than three days must have board approval.

Nondiscretionary leave of five or more consecutive days for personal or family illness must have a medical certification (doctor's note) upon return to work.

Per District Policy DEC (Local)

Employee:	Campus:
Date of Absence(s):	Total Days:

Reason for Absence:

<input type="checkbox"/> Discretionary	<input type="checkbox"/> Nondiscretionary
<input type="checkbox"/> Jury Duty	<input type="checkbox"/> FMLA
<input type="checkbox"/> School Business	<input type="checkbox"/> Other:

**\*OFFICE USE ONLY\***

Name of Substitute	Dates

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

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**FOR HR/PAYROLL OFFICE USE ONLY**

Local Leave _____	School Business _____	Worker's Comp. _____
State Leave _____	Jury Duty _____	Sick Leave Pool _____
Old State Leave _____	FMLA _____	Dock Day _____