

Shiner ISD

ABSENCE FROM DUTY REPORT

Employee Name :				
Reason for Absence	Date(s) of Absence	Whole Day	Half-Day	
			A M	P M
<input type="checkbox"/> Personal business				
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>				
<input type="checkbox"/> Death in family <i>Specify relationship:</i>				
<input type="checkbox"/> Professional Leave (Workshops, School Related Business, etc.)				
<input type="checkbox"/> Jury duty or subpoena (attach documents)				
Employee Signature	Date			
Principal/Supervisor Signature	Date			
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved				

Substitute Name:	
Date(s) Substituted:	
Substitute Time IN:	Substitute Time OUT:
Substitute Signature:	
Principal Signature:	
Superintendent Signature:	