AGUA DULCE ISD ABSENCE FROM DUTY FORM

Please fill and submit this form to your campus administrative assistant when an absence will be taken.

Employee Name:		
Campus:		
Position:		
Reason: (*Please select one below*)	**Date out:**	**Date In:**
Local Sick Leave		
State Personal Leave		
State Sick Leave		
Authorized Leave		

**Employee Name:*

An employee shall submit medical certification of the need for leave if the employee is absent more than three consecutive workdays because of personal illness or illness in the immediate family

An explanation is required for Authorized Leave taken:_____

_____

_____

_____

_____ _____

Employee Signature Date

Date Received by Office		
	Approved	Denied
Administrators Signature		

Teachers and approved staff only

Substitute Information

Name of Substitute:
Date(s) of Coverage
Full Day/Half Day:
Notes for Substitute: