San Benito Consolidated Independent School District
Human Resources Department • 240 N. Crockett Street • San Benito, Texas 78586 • (956) 361-6150 • FAX (956) 361-6291

REQUEST FOR REPORT OF ABSENCE

NAME _____ EMPLOYEE # _____ CAMPUS/DEPARTMENT _____

DATE(S) OF ABSENCE _____ NUMBER OF DAYS _____

CHECK ☑ APPROPRIATE BOX: ☐ PROFESSIONAL ☐ PARA-PROFESSIONAL ☐ ANCILLARY

☐ **STATE PERSONAL LEAVE** *(sick/personal) circle one*

☐ **DOCK PAY** (Out of personal leave)

☐ **CONVENIENCE LEAVE**
Three(3) days per year for all personnel. Convenience leave will not be approved for periods less than one-half (1/2) day.

☐ **MILITARY LEAVE**

☐ **ASSAULT LEAVE**

☐ **VACATION/OFF CONTRACT** _____

☐ **JURY DUTY** _____
Court to which summoned (attach copy)

☐ **LOCAL DEATH LEAVE**
Relationship _____
Three (3) days allowed per year for immediate family (Attach copy of documentation/obituary)

☐ **SCHOOL BUSINESS** ☐ Employee Request ☐ District Request ☐ Athletics
Reason (Attach Brochure, Agenda, etc.): _____

In accordance with The Fair Labor Standards Act, Regulation Part 785 sections .16,.18,.19,.37, and .39 regarding hourly employees, the time spent traveling away from home outside the regular working hours as a passenger, is not considered in computing work hours. The District and employee agree that time spent eating, resting or sleeping is not compensable time when meeting conditions set by the above sections. Conditions are described as "employee is completely relieved from duty and sleep time is uninterrupted by work". However, sections 785.33 and 785.41 give special provisions applicable in circumstances where hourly employees monitor children while traveling and during sleeping hours."

ESTIMATED

Destination/Team _____ Mode of Travel _____

Estimated DEPARTURE from San Benito Date: _____ Time: _____
Estimated ARRIVAL at destination Date: _____ Time: _____
Estimated DEPARTURE to San Benito Date: _____ Time: _____
Estimated ARRIVAL at San Benito Date: _____ Time: _____

Budget Account Number: _____

☐ **SUBSTITUTE USED** ☐ A.M. ☐ P.M. Name: _____
This portion to be completed when turned in with Absence Report/after substitute has been used.)

All requests for absence require prior approval, in writing by the designee (except emergencies as determined after review of absence report) and must be submitted at least five (5) days in advance.

SIGNATURES

I hereby certify that the above is true and correct and understand that a salary adjustment may be necessary.

_____ _____
Employee Date

_____ _____
Supervisor Date

_____ _____
Superintendent/Designee Date