



Campbell ISD

Absent from Duty From

Employee Name: _____

Beginning Date of Absence: _____ End Date of Absence: _____

Number of Leave Days: _____

Brief Description of Leave: _____

Type of Leave

☐	State Leave (3 or More Days Requires Medical Note)
☐	Local Leave (3 Days Advance Notice with Supervisor Sign off)
☐	School Business (Prior Approval Required)
☐	Vacation (Works on Calendar 226 or More)
☐	Bereavement (Approval Needed by HR Office)
☐	Jury Duty (Summons or Juror Completion Form Required)
☐	Assault Leave (Completion of FMLA Form Required)

☐ Approved

☐ Denied

☐ Verified Supporting Documents

Substitute Name: _____

Number of Days: _____

Signature of Sub _____

SS# _____ - _____ - _____

Employee's Signature _____ Date: _____

Supervisor's Signature _____ Date: _____