SHINER ISD
ABSENT FROM DUTY FORM

Employee Name :				
Type of Leave Requested: ◯ **Local Leave** ◯ **State Personal** ◯ **Other**				
Reason for Absence	**Date(s) of Absence**	**Whole Day**	**Half-Day**	
			AM	**PM**
❑ Personal business				
❑ Personal illness or medical appointment Is illness or injury work-related? ❑ Yes ❑ No				
❑ Illness or medical appointment in family *Specify relationship:*				
❑ Death in family *Specify relationship:*				
❑ Professional Leave (Workshops, School Related Business, etc.)				
❑ Jury duty or subpoena (attach documents)				
Employee Signature	**Date**			
Principal/Supervisor Signature	**Date**			
Leave Status: ❑ **Approved** ❑ **Disapproved**				

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