

ABSENCE FROM DUTY REPORT

Employee: _____

Campus: _____

TO BE COMPLETED IMMEDIATELY UPON RETURN OF EMPLOYEE

PLEASE CIRCLE LEAVE REQUESTED:

1. STATE PERSONAL LEAVE
2. STATE ACCUMULATED SICK LEAVE (LEAVE EARNED PRIOR TO 1994-95)
3. LOCAL SICK LEAVE
4. SCHOOL BUSINESS
5. JURY DUTY (MUST ATTACH FORM)
6. VACATION (12 MONTH EMPLOYEES ONLY)
7. COMP TIME

CAUSE OF ABSENCE *MUST BE WRITTEN BY EMPLOYEE ONLY*

DATE(S) OF ABSENCE: _____ NUMBER OF DAYS ABSENT: _____

Name of Substitute: _____ Date _____

_____ Date _____

Employee Signature

Principal or Supervisors Signature