

# BRAZOS INDEPENDENT SCHOOL DISTRICT ABSENCE FROM DUTY FORM

CAMPUS: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

## REASON FOR ABSENCE

(CHECK ONE – IF NOT INDICATED LOCAL LEAVE WILL BE USED FIRST)

\_\_\_\_ LOCAL LEAVE

\_\_\_\_ VACATION LEAVE

\_\_\_\_ STATE PERSONAL LEAVE

\_\_\_\_ JURY DUTY

\_\_\_\_ PRIOR STATE SICK LEAVE

\_\_\_\_ COMPENSATORY TIME OFF

\_\_\_\_ PROFESSIONAL LEAVE (STAFF DEVELOPMENT/TRAINING)

NAME OF WORKSHOP: \_\_\_\_\_

\_\_\_\_ OTHER SCHOOL BUSINESS

SPECIFY:

*DISCRETIONARY LEAVE WILL REQUIRE APPROVAL THREE DAYS IN ADVANCE*

## DATE(S) OF ABSENCE

\_\_\_\_, 20\_\_\_\_

\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY

\_\_\_\_, 20\_\_\_\_

\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY

\_\_\_\_, 20\_\_\_\_

\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY

\_\_\_\_, 20\_\_\_\_

\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY

\_\_\_\_, 20\_\_\_\_

\_\_\_\_ A.M. \_\_\_\_ P.M. \_\_\_\_ ALL DAY

TOTAL NUMBER OF DAY(S)/HOUR(S) ABSENT: \_\_\_\_\_ DAY(S) \_\_\_\_\_ HOUR(S)

*An employee absent more than FIVE consecutive workdays because of personal illness or immediate family illness shall submit, upon return to work, a medical certification of the illness and his or her fitness to return to work.*

\_\_\_\_\_  
DATE REQUESTED

\_\_\_\_\_  
DATE APPROVED

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE