

**BRAZOS INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY/EMPLOYEE SUBSTITUTE REPORT**

EMPLOYEE NUMBER <i>(ADMIN OFFICE USE ONLY)</i>		EMPLOYEE NAME	
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SUBSTITUTE NUMBER <i>(ADMIN OFFICE USE ONLY)</i>		SUBSTITUTE NAME	
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FUND CODE (PLEASE CHECK ONE)

<input type="checkbox"/>	OPERATING - 199	<input type="checkbox"/>	TITLE II - 255
<input type="checkbox"/>	TITLE I - 211	<input type="checkbox"/>	TITLE IV - 289

ABSENCE DATE(S)		NUMBER OF DAYS/HOURS	
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REASON FOR ABSENCE

(PLEASE CHECK ONE, IF NOT INDICATED, LOCAL LEAVE WILL BE USED)

<input type="checkbox"/>	LOCAL LEAVE	<input type="checkbox"/>	JURY DUTY
<input type="checkbox"/>	STATE PERSONAL LEAVE	<input type="checkbox"/>	COMPENSATORY TIME OFF
<input type="checkbox"/>	PRIOR STATE LEAVE	<input type="checkbox"/>	EXTRACURRICULAR/OTHER
<input type="checkbox"/>	VACATION LEAVE	<input type="checkbox"/>	STAFF DEVELOPMENT/MEETING

SEE POLICY DEC LOCAL FOR BISD LEAVE POLICY INFORMATION

EXTRACURRICULAR/ OTHER EVENT	
WORKSHOP NAME, NUMBER AND LOCATION	

EMPLOYEE SIGNATURE

SUBSTITUTE SIGNATURE

SUPERVISOR SIGNATURE

- WHITE - ADMIN OFFICE ● YELLOW - CAMPUS ● PINK - SUBSTITUTE

NOTE: Each employee must submit an Absence from Duty/Employee Substitute Report IMMEDIATELY after returning to duty. A statement from the attending physician or practitioner must be submitted for an absence more than FIVE continuous work days. Physician statement should be attached hereto. Jury duty requires a note from court verifying attendance and must be turned in with absence form.