

Absence From Duty Report

Employee Name

Campus

Reason for Absence

Leave Type (circle): Local State School Business
Jury Duty Comp Time

Family Illness or Death
*(Spouse, Child, Parents, Brother, Sister, Grandparents,
or Other Members of Household)*

Date(s) of Absence

Employee Signature

Number of Days Absent
Leave counted in ½ day increments

Name of Substitute

Number of Days Worked

Date(s)

Comments: _____

Signature of Principal or Administrator

*Note: Each employee **must** submit an Absence from Duty Report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than five (5) continuous work days. This statement should appear either on this form or be attached securely hereto.*