FORSAN INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

EMPLOYEE: _____ _____ ○ JH/HS ○ Elbow

Name (Please PRINT) **Employee #** **Campus**

JUSTIFICATION FOR REQUEST

Illness: Personal _____ Spouse _____ Child _____ Other _____

Death: _____

(Specify Relationship)

Personal Business: ☐ Jury Duty: ☐ Assault Leave: ☐ School Business: ☐

Dates(s) of absence: _____

Number of days absent: _____

Explanation: _____

VACATION REQUEST for 12 month employees only.

I request vacation time for the following dates: _____

I will return to work on: _____

_____ _____

Employee Signature **Date**

_____ _____

Signature of Principal or Supervisor **Approval Date**

******Refer to Chapter 4 of your Employee Handbook for leave requirments***

Days will be used in this order unless otherwise specified:

☐ Local Level

☐ State Sick

☐ State Personal

Employee must indicate preferred order if different. Otherwise, may leave blank.

FOR CAMPUS USE ONLY

DATE	SUBSTITUTE NAME *(SUB FORMS MUST BE ATTACHED)*

FOR BUSINESS OFFICE USE ONLY

Leave Dates: ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____

____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____ ____/____

Payroll Dock: $ _____