



Absent From Duty Form

Employee Name: _____

Date(s) of Absence: _____

Type of Leave Requested:

School Business

_____ Professional Dates: _____

_____ Extracurricular Dates: _____

Jury Duty Dates: _____

Personal

_____ Comp Time Dates: _____

_____ Local Leave Dates: _____

_____ State Leave Dates: _____

_____ Other Type: _____ Dates: _____

Amount of Leave Used:

_____ Half Day(s) Dates: _____

_____ Full Day(s) Dates: _____

_____ Hour(s) Dates: _____

Employee Signature: _____ Date: _____

Date:	Substitute Names:	Half or Full Day:

Each employee must submit an Absent From Duty Form immediately after returning to duty. A written statement from an attending physician or practitioner must be submitted for an absence of 5 or more continuous workdays. This statement should appear either on this form or attached securely hereto. Please submit this form to your Direct Supervisor.