Runge Independent School District Absent from Duty Form											
Name:									Number of Dates:		
Date (s) of Absence(s) :											
Employee Signature											
Date:	Local Personal (3)	Comp. Time (4)	State Personal (5)	School Business (6)	Workers Comp. (7)	Non- Duty (8)	Jury Duty (10)	Sick Pool (11)	Military (13)	Covid (CO)	
Date:	Substitutes Name:							Half or Fill Day:			
Supervisor Signature											
NOTE: Employee must submit an absent from Duty Report <u>IMMEDIATELY</u> after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than five (5) consecutive $days$. The statement should appear on this form or											

be attached securely hereto.