

PAMPA ISD ABSENCE FROM DUTY REQUEST / REPORT FORM

- **Discretionary Leave (Personal or Vacation):** Submit this form for approval prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave.
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of more than five consecutive workdays for personal or family illness must submit medical certification of the need for leave when the absence is not related to COVID-19. All absences that are related to COVID-19 must follow Pampa ISD district protocols for returning to work.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.
- Personal day usage is limited to five days per year and three consecutive days at any given time.
- All absences are subject to verification.

Name	Position	
Department/Campus	Date	
REASON FOR ABSENCE	Date(s) of Absence	Total Hours Absent
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify Relationship:</i>		
<input type="checkbox"/> Death in family - <i>Specify Relationship:</i>		
<input type="checkbox"/> Emergency - <i>Specify:</i>		
<input type="checkbox"/> Personal business		
<input type="checkbox"/> Family and medical leave (including care for a newborn child, placement of a child, qualifying exigency, etc.)		
<input type="checkbox"/> Jury duty or subpoena (attach documents)		
<input type="checkbox"/> Assault Leave		
<input type="checkbox"/> Professional Training - <i>Specify:</i>		
<input type="checkbox"/> School Business - <i>Specify:</i>		
<input type="checkbox"/> Vacation		
<input type="checkbox"/> COVID-19 Related Absence (Also complete COVID Absence from Duty Form.)		
<input type="checkbox"/> Temporary Disability		
<input type="checkbox"/> Full Dock		
<input type="checkbox"/> Other		
SUBSTITUTE INFORMATION		
Name	Date(s)	Length of Day
_____	_____	_____
Employee Signature		Date
Principal/Supervisor Signature		Date
Leave Status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		
For Office Use Only: Category and amount of leave recorded:		
<input type="checkbox"/> State personal leave ____ hours <input type="checkbox"/> State sick leave ____ hours <input type="checkbox"/> Local leave ____ hours <input type="checkbox"/> Family and medical leave ____ hours <input type="checkbox"/> Temporary disability ____ days <input type="checkbox"/> Assault leave ____ hours/days <input type="checkbox"/> Other:		
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation election to use paid leave		