

# PAMPA ISD

## ABSENCE-FROM-DUTY REQUEST / REPORT FORM

- For discretionary leave (personal or vacation), this form must be submitted three days in advance to the time you are requesting to be absent from duty. The form must be submitted immediately upon return for all other leave.
- Absences of five or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted in accordance with board policy DEC.
- Personal day usage is limited to five days per year and three consecutive days at any given time.
- All absences are subject to verification.

<b>NAME</b>	<b>POSITION</b>
<b>DEPARTMENT/CAMPUS</b>	<b>DATE</b>

REASON FOR ABSENCE	DATE(S) OF ABSENCE	TOTAL TIME ABSENT	
<input type="checkbox"/> <b>Personal illness or medical appointment</b> Is illness or injury work related? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Illness or medical appointment in family</b> Specify relationship:		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Bereavement Leave</b> Specify relationship:		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Emergency</b> Specify:		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Personal Business</b>		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Leave to care for a newborn child</b> or for placement of a child		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Jury Duty or subpoena</b> (attach documents)		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Professional Training</b> Specify:		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>School Business</b> Specify:		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Vacation</b>		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Full Dock</b>		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Temporary Disability</b>		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM
<input type="checkbox"/> <b>Assault Leave</b>		<input type="checkbox"/> FULL DAY	<input type="checkbox"/> 1/2 AM <input type="checkbox"/> 1/2 PM

SUBSTITUTE INFORMATION		
NAME	DATE	LENGTH OF DAY
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>EMPLOYEE SIGNATURE</b>	<b>DATE</b>
<b>PRINCIPAL/SUPERVISOR SIGNATURE</b>	<b>DATE</b>

<b>LEAVE STATUS:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	REVISED 11-4-2010
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