

ABSENCE FROM DUTY REQUEST/REPORT

SANTA ANNA ISD

For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.

Employee: _____ Campus: _____

Submitted Request Date: _____

Please check one:

- Personal State or Local*
- Sick State or Local*
- Jury Duty
- School Business/Staff Development _____
- School Business/Field Trip _____
- School Business/UII _____
- School Business/Athletics _____

Dates of Absences: _____ Number of days: _____

<input type="checkbox"/> Physicians Statement Required (5 or more days)	_____ Signature of Employee	_____ Date
<hr/> <hr/>		

Substitute: _____	Date: _____
Substitute: _____	Date: _____
Substitute: _____	Date: _____
Substitute: _____	Date: _____
Substitute: _____	Date: _____

Signature of Supervisor Date Approved

5 State Personal Leave Days Each Year

***2 Local Personal Leave Days Each Year**

Note: A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous workdays. This statement should be attached securely hereto. ***Employee will have a \$60 substitute rate deducted for each local day used, and once all days (state and local) are depleted, a daily rate will apply.**