

## ABSENCE FROM DUTY REPORT

Each employee must submit an Absence from Duty Report for each absence. This should be prior to the absense, if possible, or immediately after returning to duty. Absences are recorded in whole and half days. Employees may, if they wish, fill in the middle section of the form to charge an absence to a particular kind of leave. For non-discretionary absences longer than 3 consecutive workdays, a written statement from a healthcare provider should be attached.

Employee	Ca	mpus/Department	_	
Type of absence:	Personal Illness, self	Professional Developmen	Professional Development (state title/details)	
	<ul> <li>Illness, immediate family</li> <li>Jury Duty</li> <li>Military Leave</li> <li>NONE-donation of local personal</li> <li>leave days to Leave Bank</li> </ul>	Other School District Business (state nature)		
Date(s) of absence:		# of days absent: (or donated to Leave Bank)		
Employee Signature		Date Signed		
00000000000000	aaaaaaaaaaaaaaa		0000000000000000 DAYS	
<b>Discretionary</b> (or donated to I	fessional (5) and other employees (2 Leave Bank) (request submitted to su			
Non discretionary	<i>y</i>	Total Days:		
STATE PERSONAL L Discretionary	mily) (death in immediate family, fa <b>EAVE</b> [all employees (5)]  I to supervisor 2 days before absence	mily emergency, natural disaster)  Total Days:  e) [no more than 3 consecutive days]		
Non discretionary	7	Total Days:		
VACATION [year round	d paraprofessional and professional			
COMP TIME (C/T) [n	onexempt paraprofessional and auxi	Total Days:  iliary employees only]  Total Days:	<u> </u>	
PERSONAL CHOICE	<b>DAY</b> [auxiliary employees only]	Total (1 Day):		
000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000		
Name of substitu	nte(s): Dates:	Dates: Comments:		
-		<u> </u>		
	333.			
Supervisor Signature		Date		