

Woodsboro Independent School District

Absence-From-Duty Request/Report

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

Absences of three or more consecutive days for personal or family illness must have a written statement from a healthcare practitioner attached.

Employees requesting or reporting an extended leave of more than five days must schedule (if possible) a conference with the superintendent or designee.

Leave request will be granted in accordance with board policy DEC.

Name:	Date:
Campus:	Sub Needed: ____ Yes ____ No
Date of Absence:	Total Days:

Reason for Absence

<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work related? ____ Yes ____ No	<input type="checkbox"/> Personal Business
<input type="checkbox"/> Illness or medical appointment in family	<input type="checkbox"/> Leave to care for newborn child or placement of child
<input type="checkbox"/> Death in family	<input type="checkbox"/> Jury duty or subpoena (Attach Document)
<input type="checkbox"/> Emergency	<input type="checkbox"/> School Business

Employee Signature:	Date:
Principal/Supervisor Signature:	Date:
Leave Status: ____ Approved ____ Disapproved	[REDACTED]
Superintendent Signature:	Date:
Leave Status: ____ Approved ____ Disapproved	[REDACTED]

OFFICE USE ONLY:

State Personal Leave Hours: _____
 Local Leave Hours: _____
 Temporary Disability Days: _____
 Notice Provided to Employee: _____

State Sick Leave Hours: _____
 Family & Medical Leave Hrs: _____
 Other: _____
 FMLA Workers Compensation