

**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 health care practitioner attached.

Employees requesting or reporting 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 _____

Date of Absence _____

Sub Needed? ____ Yes ____ No

Total Days _____

Reason for Absence

Personal illness or medical appointment

Is illness or injury work related?

Yes ____ No ____

Illness or medical appointment in family

Death in Family

Emergency

Personal Business

Leave to care for newborn child or placement of child

Jury Duty or subpoena (attached document)

Other (specify) _____

Employee signature _____

Date _____

Principal/Supervisor signature _____

Date _____

Leave Status: Approved Disapproved

Superintendent signature _____

Date _____

Leave Status: Approved Disapproved

OFFICE USE ONLY:

State Personal Leave ____ hours

Local leave ____ hours

Temporary disability ____ days

Notice provided to employee:

State sick leave ____ hours

Family and Medical leave ____ hours

Other:

FMLA

Worker's Compensation