CRYSTAL CITY INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

_______________________________ Employee Name

_______________________________ Campus

Reason for Absence

1. _____ Illness Self
2. _____ Death in Family (Specify Relationship) _______________________________
3. _____ Doctor's Appointment (for Whom-Relationship) _______________________________
4. _____ Illness in family (Specify Relationship) _______________________________
5. _____ Personal Leave _______________________________
6. _____ Other (Be Specific) _______________________________

Date(s) of absence: _______________________ Number of days absent ____________

____
Signature of attending physician or practitioner is required if absent more than 5 consecutive workdays.

____
Signature of Employee

FOR PERSONNEL OFFICE USE ONLY

State Sick Leave

	Days
Sick Leave	________
Death in Family	________
Personal Sick Leave	________
Total Days	________

Number of days employed: _________

Additional Leave (Local) per District Policy:

	Days:
Sick Leave	____________
Personal Leave (dock)	____________
School Leave	____________
Over S/L (P/L)	____________
Comp. Time	____________
Total Days	____________

TO BE COMPLETED BY SECRETARY OR OFFICE CLERICAL STAFF

Name of substitute (s): _______________________ Date(s): _______________________

Name of substitute (s): _______________________ Date(s): _______________________

Name of substitute (s): _______________________ Date(s): _______________________

The signature below certifies that the employee worked 100% of the time on the date(s) and during the hours indicated performing duties that are authorized by the guidelines of the program.

Substitute's Signature: _______________________________

____
Signature of Immediate Supervisor

Revised: 6/11/2019