## ABSENCE FROM DUTY FORM

The form MUST be completely filled out or it will not be accepted.
The form may be used for up to one week of the SAME week only - NO EXCEPTIONS.
ONE employee per ONE sub per form - Do NOT put two subs or two employees on the same form.
If a sub was not used please write "NO SUB" in the Sub Name field.
Documentation must be attached for Jury Duty, Subpoena's or School Business.

## Employee Name: <br> Today's Date: <br> Department/Campus:

Circle the position you will be absent from, ONE form per position:
Admin Aide Bus Driver Cafeteria Clerical Custodian Maintenance Teacher

| Weekday | Date | Employee <br> Full/Half Day | Substitute <br> Full/Half Day | Leave <br> Code |
| :---: | :---: | :---: | :---: | :---: |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |

Please circle the following if applicable:
Personal Medical or Illness
Personal Business
School Business Event Attending: $\qquad$

| Type of Leave Code: |  |
| :--- | :---: |
| Local Leave | LL |
| State Leave | SL |
| Comp Time | CO |
| Non Duty Day | ND |
| Jury Duty/Subpoena | JD |
| School Business | SB |
| Vacation | VC |
| Worker's Comp | WC |
| FMLA | FM |
| "OLD" State Sick | SS |

Substitute Name (or 'No Sub"'):
I have checked this report and certify it to be true and correct to the best of my knowledge. understand that I am responsible for the full amount of my daily rate of pay if my leave balance(s) is depleted or if this is a restricted date-EVEN WITH PRIOR APPROVAL - and that the applicable amount will be withheld from the paycheck immediately following this absence report.

Employee Signature: $\qquad$ Date: $\qquad$
Secretary Signature: ______
Date: $\qquad$
Supervisor Signature:
Date: $\qquad$
For Business Office Use:

| Sub Rate of Pay: | Notes: |
| :--- | :--- |
| Posted: |  |

