

## **ABSENCE** FROM DUTY **FORM**

## **Form Instructions:**

**Employee Name:** 

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.

Today's Date:

| Departme                                      | nt/Campus    | •                  |                                       |                             |  |        |  |
|---|--------------|--------------------|---------------------------------------|-----------------------------|--|--------|--|
| Circle the posi                               | ition you wi | ill be absent from | , ONE form per                        | position:                   |  |        |  |
| Admin   | Aide B       | Bus Driver Cafet   | eria Clerical (                       | Custodian                   | Maintenance Teacher  |        |  |
| Weekday                                       | Date         | Employee           | Substitute                            | Leave<br>Code               | Type of Leave Code:  |        |  |
|   |              | Full/Half Day      | Full/Half Day                         |                             | Local Leave  | LL     |  |
| Monday  |              |                    |                                       |                             | State Leave  | SL     |  |
| Tuesday                                       |              |                    |                                       |                             | Comp Time  | CO     |  |
| Wednesday                                     |              |                    |                                       |                             | Non Duty Day   | ND     |  |
| Thursday                                      |              |                    |                                       |                             | Jury Duty/Subpoena   | JD     |  |
| Friday  |              |                    |                                       |                             | School Business  | SB     |  |
| Please circle the following if applicable:    |              |                    |                                       |                             | Vacation   | VC     |  |
| Personal Medical or Illness Personal Business |              |                    |                                       |                             | Worker's Comp  | WC     |  |
| Tersonal Medical of finiess Tersonal Business |              |                    |                                       |                             | FMLA   | FM     |  |
| School Business Event Attending:              |              |                    |                                       |                             | "OLD" State Sick   | SS     |  |
| Substitute Nai                                | me (or "No   | Sub"):             |                                       |                             |  |        |  |
| understand that                               | I am respons |                    | ount of my daily ra<br>APPROVAL - and | te of pay if at that the ap | my leave balance(s) is deplete oplicable amount will be with |        |  |
| Employee Signature:                           |              |                    |                                       |                             | Date:  |        |  |
| Secretary Signature:                          |              |                    |                                       |                             | Date:  |        |  |
| Supervisor Signature:                         |              |                    |                                       |                             | Date:  |        |  |
| For Business Of                               | fice Use:    |                    |                                       |                             |  |        |  |
| Sub Rate of Pa                                | y:           | Notes:             |                                       |                             |  |        |  |
| Posted:                                       |              | 7                  |                                       |                             |  |        |  |
|   |              | •                  |                                       |                             | Effective: 7/  | 1/2021 |  |