
Ore City Independent School District

Absence from Duty Form

NAME

CAMPUS/DEPARTMENT

DATE(S) OF ABSENCE

NUMBER OF DAYS ABSENT

Reason for absence: _____

Name of Sub used: _____

Type of leave requested:

State	Comp Time	Jury Duty	School Business
FMLA	Maternity	Local	Professional Development
Disability	Other _____		

I have checked this report and certify it to be true and correct to the best of my knowledge. I understand that I am responsible for the full amount of daily rate 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

Date

Principal/Supervisor

Date

Superintendent

Date

Summons must be attached for jury duty. A written statement of release from the attending physician must be attached for an absence of five (5) or more consecutive days. Copy of prior approved leave request must be attached to this form for personal leave days