

MARTIN'S MILL ISD

ABSENCE FROM DUTY REPORT

EMPLOYEE: _____ CAMPUS/DEPARTMENT _____

REASON/CAUSE FOR ABSENCE: _____

DATE(S) OF ABSENCE: _____ NO. OF DAYS ABSENT: _____

PLEASE INDICATE WHICH TYPE OF LEAVE YOU ARE REQUESTING TO USE:

STATE SICK LEAVE

LOCAL LEAVE

If due to Death, please indicate Relationship:

OTHER _____

NOTE: Each employee must submit an Absence from Duty report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than ten (10) consecutive work days. This physician's statement should appear either on this form or be attached to it.

COMMENTS:

SUBSTITUTE INFORMATION:

NAME OF SUBSTITUTE: _____ TYPE OF DAY: FULL HALF

EMPLOYEE SIGNATURE

SUPERVISOR APPROVAL