

**ABSENCE FROM DUTY REQUEST/REPORT**

**Irion County ISD**

**See DEC Local**

**Employee:** \_\_\_\_\_

**Please check one:**

\_\_\_\_\_ **Personal**                      \_\_\_\_\_ **State**      **or**      \_\_\_\_\_ **Local**

\_\_\_\_\_ **Sick**                              \_\_\_\_\_ **State**      **or**      \_\_\_\_\_ **Local**

\_\_\_\_\_ **Jury Duty**

\_\_\_\_\_ **School Business/Staff Development** \_\_\_\_\_

\_\_\_\_\_ **School Business/Field Trip** \_\_\_\_\_

\_\_\_\_\_ **School Business/UII** \_\_\_\_\_

\_\_\_\_\_ **School Business/Athletics** \_\_\_\_\_

\_\_\_\_\_ **School Business Other** \_\_\_\_\_

\_\_\_\_\_ **Other** \_\_\_\_\_

**Date(s) of Absence:** \_\_\_\_\_ **Number of days:** \_\_\_\_\_

\_\_\_\_\_ **Physicians Statement Required** (An employee absent more than 4 consecutive workdays because of personal illness or illness in the immediate family shall submit medical certification of the illness.)

\_\_\_\_\_  
\_\_\_\_\_

**Substitute(s):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify the information on this report is true and correct.**

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Signature of Supervisor**

**5 State Personal Leave Days Each Year**

**3 Local Personal Leave Days Each Year**

A written request for the use of discretionary personal leave shall be submitted to the supervisor or designee two days in advance of the anticipated absence.

**Note:** Each employee must submit an Absence From Duty Report immediately upon returning from sick leave. A written statement from the attending physician or practitioner must be submitted for an absence of more than four consecutive workdays. The statement should be attached securely to this form. Local leave days will be used before state leave days if you have not checked either local or state.