______________________________ ____________________

EMPLOYEE NAME **EMPLOYEE ID NUMBER**

LOVELADY INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

LEAVE

Date(s)____

________ Number of day(s) absent for reason checked below: (Please check only one reason per form.)

____ Personal Illness
____ Immediate Family Illness
____ Personal Doctor/Dental Appointment or Medical Care
____ Immediate Family Doctor/Dental Appointment or Medical Care
____ Death in the Immediate Family
____ Personal (Discretionary Use - **prior approval required**)
____ Personal (Non-discretionary Use - family emergency)
____ Jury Duty (**attach copy of jury summons**) - No Time Charged
____ Comp Day (**prior approval and Staff Development Certificate attached)**
____ School Related - (**Explanation required or name of workshop**) - No Time Charged

____

Please choose State or Local for this absence below. **If you do not mark one, policy states we must deduct Local over State.**

____ Local Day
____ State Day

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

SUBSTITUTE INFORMATION

____________________________________ __________________________

SUBSTITUTE NAME **SUBSTITUTE ID NUMBER**

Date(s) ____

__________ Number of day(s) worked

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

SIGNATURES

_____________________________________ ______________________

EMPLOYEE SIGNATURE

DATE

______________________________________ _______________________

SUPERVISOR SIGNATURE

DATE

Updated: 8/3/2020