

**RIVER ROAD INDEPENDENT SCHOOL DISTRICT
ABSENT FROM DUTY REPORT**

EMPLOYEE _____ CAMPUS _____

Application is hereby made for approval of absence from duty for the period:

Date of Absences: _____ Total Days Absent: _____

Nature of illness and/or statement of facts concerning the above absence from duty:

EMPLOYEE'S STATEMENT: _____

I hereby certify that the foregoing statement is true and correct.

DATE: _____ EMPLOYEE'S SIGNATURE: _____

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Recommendation of Principal or Supervisor: _____ Approved _____ Disapproved

Sick Leave Day: _____
Personal Business Day: _____
School Business Day: _____
Jury Duty Day: _____

Signature of Principal or Supervisor

Signature of Superintendent

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NOTE: Each employee must submit an Absence from Duty Report immediately after returning to duty. The Board Policy requests that a written statement from the attending physician or practitioner must be submitted for absence of five or more continuous work days for personal illness. This statement should be attached to this form and submitted for approval.
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SUBSTITUTE EMPLOYED

NAME	DATE	NAME	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____