

RIVER ROAD INDEPENDENT SCHOOL DISTRICT

ABSENT FROM DUTY FORM

Employee: _____

Campus: _____

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

Date of Absences: _____

Total Days Absent: _____

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

EMPLOYEE STATEMENT (Required): _____

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

DATE: _____

EMPLOYEE SIGNATURE: _____

Recommendation of Principal or Supervisor

_____ Approved

_____ Denied

Sick Leave Day: _____

Personal Business Day: _____

School Business Day: _____

Jury Duty Day: _____

Vacation Day: _____

Comp Day: _____

Signature of Principal or Supervisor

Signature of Principal or Supervisor for COMP Day

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. Leave request will be granted in accordance with board policy DEC.

Campus Office Use Only - Notes	Admin Office Use Only
	School _____ 01 _____
	Jury _____ 02 _____
	Comp _____ 07 _____
	08 _____
	50 _____