

SHERMAN INDEPENDENT SCHOOL DISTRICT ABSENCE FROM DUTY REQUEST/REPORT

Name _____

Date _____

Campus _____

Position _____

- ❖ This form must be submitted immediately upon return for any leave not reported through the automated substitute system.
- ❖ For discretionary leave, this form must be submitted to the Principal or Supervisor for approval **prior** to the time you are requesting to be absent from duty. Return the completed form to the Human Resources Office the day **after** your absence from duty.
- ❖ Leave requests will be granted in accordance with board policy DEC.
- ❖ This form must be submitted when requesting that an absence for reasons 1-3 be charged to a leave balance **other** than local leave.

REASON FOR ABSENCE	DATE(S) OF ABSENCE	TOTAL DAYS
1) <input type="checkbox"/> Personal illness or medical appointment	_____	_____
2) <input type="checkbox"/> Illness or medical appointment in family <i>specify relationship</i> _____	_____	_____
3) <input type="checkbox"/> Death in family <i>specify relationship</i> _____	_____	_____

Please select Type of Leave to which an absence for one of the three reasons above is to be charged to a leave balance other than local sick leave:

- State Leave
- State Sick Leave (leave balance earned prior to May, 1995)

4) <input type="checkbox"/> Personal business	_____	_____
5) <input type="checkbox"/> Jury Duty or subpoena (attach documents)	_____	_____
6) <input type="checkbox"/> Professional meeting/school activity	_____	_____
7) <input type="checkbox"/> Military leave	_____	_____
8) <input type="checkbox"/> Flex Day (226 Day Employees only)	_____	_____

Employee Signature _____

- Approved
- Disapproved

Signature of Principal or Designee

Date