

**SHERMAN INDEPENDENT SCHOOL DISTRICT  
ABSENCE FROM DUTY REQUEST/REPORT**

Name \_\_\_\_\_

Date \_\_\_\_\_

Campus \_\_\_\_\_

Position \_\_\_\_\_

❖ 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.

❖ Leave requests will be granted in accordance with board policy DEC.

<b>REASON FOR ABSENCE</b>	<b>DATE(S) OF ABSENCE</b>	<b>TOTAL DAYS</b>
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 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 ( <b>226 Day Employees only</b> )	_____	_____

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

- Approved
- Disapproved

\_\_\_\_\_

**Signature of Principal or Designee**

\_\_\_\_\_

**Date**