

**PECOS-BARSTOW-TOYAH I.S.D.  
ABSENCE FROM DUTY REPORT**

**CAMPUS:** \_\_\_\_\_ **EMPLOYEE (PRINT):** \_\_\_\_\_

EACH EMPLOYEE MUST SUBMIT AN ABSENCE FROM DUTY REPORT IMMEDIATELY AFTER RETURNING TO DUTY. The form must be completed in INK and signed by the employee and their principal or supervisor. For sick leave of more than five (5) consecutive days, policy requires a medical certification of illness AND of fitness to return to work. For "immediate family" absences of more than three (3) consecutive days, regulations require a written statement from the physician/practitioner.

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**State Personal Leave** \_\_\_\_\_ **DATES** \_\_\_\_\_ **State Sick Leave** \_\_\_\_\_ **DATES** \_\_\_\_\_ **Local Leave** \_\_\_\_\_ **DATES** \_\_\_\_\_

Personal Illness or \_\_\_\_\_ Personal Illness or \_\_\_\_\_ Personal Illness or \_\_\_\_\_  
Dr. Appointment \_\_\_\_\_ Dr. Appointment \_\_\_\_\_ Dr. Appointment \_\_\_\_\_

Immediate Family Illness \_\_\_\_\_ Immediate family Illness \_\_\_\_\_ Immediate family \_\_\_\_\_  
or Dr. Appointment \_\_\_\_\_ or Dr. Appointment \_\_\_\_\_ Illness or Dr. Appointment \_\_\_\_\_  
(Circle relationship below) (Circle relationship below) (Circle relationship below)

Death in family \_\_\_\_\_ Death in family \_\_\_\_\_ Death in family \_\_\_\_\_  
(Circle relationship below) (Circle relationship below) (Circle relationship below)

Worker's Comp \_\_\_\_\_ Worker's Comp \_\_\_\_\_ Worker's Comp \_\_\_\_\_

Discretionary \_\_\_\_\_  
(Prior approval required)

- Husband
- Wife
- Son/Son-in-law
- Daughter/Daughter-in-law
- Any person residing in employee's household

- Father/Father -in-law
- Mother/Mother-in-law
- Brother/Brother-in-law
- Sister/Sister-in-law

- Grandchild
- Grandfather/Grandfather-in-law
- Grandmother/Grandmother-in-law

**TOTAL DAYS** \_\_\_\_\_ **TOTAL DAYS** \_\_\_\_\_ **TOTAL DAYS** \_\_\_\_\_

**Other** \_\_\_\_\_ **DATES** \_\_\_\_\_

Workshop \_\_\_\_\_  
Give Location \_\_\_\_\_

Civic Leave \_\_\_\_\_

Assault Leave \_\_\_\_\_

**SIGNATURE OF EMPLOYEE** \_\_\_\_\_

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<b>NAME(S) OF SUBSTITUTES</b>	<b>DATE(S) WORKED</b>
_____	_____
_____	_____
_____	_____

**SIGNATURE OF PRINCIPAL/SUPERVISOR** \_\_\_\_\_

**DATE DISCRETIONARY LEAVE APPROVED** \_\_\_\_\_

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**BUSINESS OFFICE USE ONLY:**

_____	State Leave _____	Excused _____
	State Personal _____	Unexcused _____
	Local Leave _____	Flex Time _____
	Worker's Comp _____	Vacation _____