

## May ISD Absence from Duty Request/Report

- **Discretionary Leave:** Submit this form for approval prior to the requested absence from duty. Form must be submitted immediately upon return for all other leave.
- **Other Types of Leave:** Submit this form upon return from leave.
- Absences of 2 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

<b>Name</b>		<b>Position</b>	
<b>Department/Campus</b>		<b>Date</b>	
<b>Reason for Absence</b>	<b>Date(s) of Absence</b>	<b>Total Hours Absent (Half or Full Day)</b>	
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>			
<input type="checkbox"/> Death in family <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> Family and medical leave (including care for a newborn child, placement of a child, qualifying exigency, etc.)			
<input type="checkbox"/> Jury duty or subpoena (attach documents)			
<input type="checkbox"/> Work Related <i>Specify Event:</i>			
<input type="checkbox"/> Other			
<b>Employee Signature</b>		<b>Date</b>	
<b>Principal/Supervisor Signature</b>		<b>Date</b>	
<b>Leave Status:</b> <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
<b>For Office Use Only:</b> <b>Category and amount of leave recorded:</b>			
<input type="checkbox"/> State personal leave _____ hours		<input type="checkbox"/> State sick leave _____ hours	
<input type="checkbox"/> Local leave _____ hours		<input type="checkbox"/> Family and medical leave _____ hours	
<input type="checkbox"/> Temporary disability _____ days		<input type="checkbox"/> Assault leave _____ hours/days	
<input type="checkbox"/> Other: _____			
<b>Notice provided to employee:</b> <input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation election to use paid leave			
<b>Sub Data:</b>		<input type="checkbox"/> No Sub was used for this absence	
Name of Sub covering this absence: _____			
<input type="checkbox"/> Full Day <input type="checkbox"/> Half Day		Cafeteria: Total Hours Worked: _____	
<b>Bus Absence Info:</b> <input type="checkbox"/> Bus Driver <input type="checkbox"/> Bus Monitor    _____ Total # of Routes Missed			