

Absent from Duty Form

Employee Name: _____ **Employee number** _____

<p>Check Campus:</p> <p><input type="checkbox"/> Copperas Cove</p> <p><input type="checkbox"/> Killeen</p> <p><input type="checkbox"/> Temple</p> <p><input type="checkbox"/> Admin</p>	<p>Check Type of Leave:</p> <p><input type="checkbox"/> Personal Leave</p> <p><input type="checkbox"/> School Business</p> <p><input type="checkbox"/> Vacation</p> <p><input type="checkbox"/> Jury Duty</p> <p><input type="checkbox"/> Bereavement</p> <p><input type="checkbox"/> Military</p> <p><input type="checkbox"/> Workers Comp</p> <p><input type="checkbox"/> Leave without Pay</p> <p><input type="checkbox"/> Other _____</p>	<p>Amount of Time Absent</p> <p><input type="checkbox"/> ¼ Day (2 hours)</p> <p><input type="checkbox"/> ½ Day (4 hours) Exempt</p> <p><input type="checkbox"/> ¾ Day (6 hours)</p> <p><input type="checkbox"/> 1 Day (8 hours) Exempt</p> <p>If multiple days, please indicate the appropriate number of days</p> <p><input type="checkbox"/> _____</p>
<p>Date (s) of Absence</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Reason for Absence</p> <p><input type="checkbox"/> Illness or Medical Appointment</p> <p><input type="checkbox"/> Injury. <i>Is the injury work-related?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Death of immediate family member</p> <p><input type="checkbox"/> Personal Business. <i>*Is the requested time off during a blackout period as defined in the employee handbook?</i></p> <p><input type="checkbox"/> Jury Duty or subpoena</p> <p><input type="checkbox"/> Military Duty</p> <p><input type="checkbox"/> School Business <i>Specify Workshop Attended</i></p> <p>_____</p> <p><input type="checkbox"/> Other _____</p>	

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

For Office Use

***Principal or the employee’s immediate supervisor and the Superintendent must both approve if requested time off is during a blackout period as defined in the employee handbook.**

- | | |
|---|--|
| <input type="checkbox"/> Approval | <input type="checkbox"/> Superintendent approval |
| <input type="checkbox"/> Not Approved. This pay will be docked. | <input type="checkbox"/> Superintendent not approved |