

# CRISD

## ABSENCE FROM DUTY REPORT

Employee \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Campus \_\_\_\_\_ Position \_\_\_\_\_

Reason for absence	Date(s) of absence	Total days/hours absent
<input type="checkbox"/> Personal illness or medical appointment <i>Is illness or injury work-related?</i> <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"/> FMLA (care for newborn child, placement of a child, qualifying exigency, etc.)		
<input type="checkbox"/> Assault leave		
<input type="checkbox"/> School business		
<input type="checkbox"/> Jury duty or subpoena ( <i>attach documents</i> )		
<input type="checkbox"/> Earned compensatory time		
<input type="checkbox"/> Other: ( <i>explain</i> )		

**YOU MUST INDICATE WHAT TYPE OF LEAVE YOU WANT TO USE:**

- STATE PERSONAL** (each employee is awarded 5 days each year – this leave carries over into the next year if not used during the current year)
- LOCAL**: (each employee is awarded 1 day each year – this is the **ONLY** day that may be taken in hourly increments –it is a “USE it or LOSE it” day.
- NON-CONTRACT DAYS**: (*maintenance employees only - 246 day employees will have 15 days/year*)

Comments: \_\_\_\_\_

Name of Substitute	Substitute Social Security #	Date(s)

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

\_\_\_\_\_  
**Signature of Supervisor**

**Note:** Each employee must submit an Absence From Duty Report immediately after returning to duty. An employee absent more than three (3) consecutive workdays because of personal illness or illness in the immediate family shall submit medical certification of the illness and attach it to this form.