

**ROOSEVELT INDEPENDENT SCHOOL DISTRICT  
EMPLOYEE ABSENCE FROM DUTY REPORT**

<b>EMPLOYEE NAME</b>
<b>DATE OF REQUEST</b>

<b>DATE(S) OF ABSENCE</b>	
<b>TIME LEAVING</b>	<b>TIME RETURNING</b>

	<b>HALF DAY</b>		<b>LESS THAN</b>
<b>ALL DAY</b>	<b>AM</b>	<b>PM</b>	<b>2 HOURS</b>
<b>(CHECK ONE)</b>			

**MUST CHECK REASON FOR ABSENCE:**

Employee Illness/Doctor

Immediate Family Member Illness/Doctor  
Relation: \_\_\_\_\_

Death  
Relation: \_\_\_\_\_

Non-discretionary approved in advance  
Explain: \_\_\_\_\_

**MUST CHECK LEAVE TYPE:**

Compensatory Time

Local Leave

State Personal Leave

State Sick Leave earned prior to 1995

**SCHOOL ACTIVITY OR OTHER: (No Leave Charged)**

Athletics Event \_\_\_\_\_

UIL Event \_\_\_\_\_

Professional Meeting \_\_\_\_\_

Jury Duty

Other \_\_\_\_\_

**SUBSTITUTE(S) INFORMATION:**

NAME: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

NAME: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

NAME: \_\_\_\_\_

Date(s): \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Revised 7-19-2010**