

TYLER INDEPENDENT SCHOOL DISTRICT
Absence From Duty Request/Report

Name _____
 (Please Print)

Soc. Sec. _____

Department/Campus _____

Payroll Closing Date _____
 Month Day Year

- **This form must be submitted immediately upon return for all leave.**
- For personal business discretionary leave (state personal) this form must be submitted for approval 3 days **prior to the time** you are requesting to be absent from duty. Discretionary may not be taken for more than 2 consecutive days except in extenuating circumstance as determined by the Superintendent or Executive Director of Personnel and cannot be taken on designated days (see policy DEC local).
- Absences of 5 or more consecutive days must have a written statement from a physician attached.
- Leave requests will be granted in accordance with board policy DEC.

Reason for Absence	Date(s) of Absence	Total Days
<input type="checkbox"/> Personal illness or medical appointment	_____	_____
<input type="checkbox"/> Illness or medical appointment of family specify relationship _____	_____	_____
<input type="checkbox"/> Death in family specify relationship _____	_____	_____
<input type="checkbox"/> Personal business: State Personal Days (Discretionary) prior approval required.	_____	_____
<input type="checkbox"/> Jury Duty or subpoena (attach documents)	_____	_____
<input type="checkbox"/> School Business specify _____	_____	_____
_____	_____	_____

 Signature of Employee

 Signature of Principal/Administrator

Leave Status: Approved Disapproved

Name of Substitute(s) _____ Date(s) _____

