

# Ponder ISD Employee Absence From Duty Report

*This form is required immediately upon return to work. Failure to return could result in docking of pay*

Employee Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Substitute Name(s) \_\_\_\_\_ Substitute Number \_\_\_\_\_

Date Absent: _____	All Day	Half Day	AM	PM
Date Absent: _____	All Day	Half Day	AM	PM
Date Absent: _____	All Day	Half Day	AM	PM
Date Absent: _____	All Day	Half Day	AM	PM
Date Absent: _____	All Day	Half Day	AM	PM

TOTAL NUMBER OF DAY(S) ABSENT \_\_\_\_\_

## TO BE COMPLETED BY EMPLOYEE

Employee's reason for absence. Absences of 3 or more days require a doctor's statement - DEC(LOCAL)

- Employee Sick/Illness in Family
- Doctor Appointment
- Death in Family
- Jury Duty *(Requires proof, please attach)*
- Permitted School Field Trip
- Approved School Sponsor - *(Non-Athletic)*
- Approved School Sponsor - *(Athletic)*
- Staff Development/Training *(Requires proof, please attach)*
- Personal Leave
- Other - Specify \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal/Supervisor Approval \_\_\_\_\_ Date \_\_\_\_\_

## FOR BUSINESS SERVICES USE

### CODE

_____ Local Personal Leave	03
_____ State Sick Leave <i>(if available)</i>	02
_____ State Personal Leave	01
_____ School Field Trip <i>(Campus approved)</i>	95
_____ School Sponsor <i>(Athletic/Non-Athletic - Campus approved)</i>	96, 97
_____ Workshop	98
_____ Jury Duty	99
_____ Bus	43
_____ Comp Time _____ Balance	

### Additional approval and documentation required

_____ Long Term Leave - FMLA	11
_____ Long Term Leave - Sick Pool	50