

ALBANY INDEPENDENT SCHOOL DISTRICT

ABSENCE - FROM - DUTY REQUEST / REPORT

All personal leave must be submitted for approval 2 days prior to the first day of absence requested. A substitute will not be requested until this form is signed by the principal or supervisor.

Absences of 5 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.

Employees requesting or reporting extended leave of more than 5 days must schedule a conference with their supervisor.

The principal or supervisor may withdraw approval for personal leave if unforeseeable absences among other staff (bad weather, flu or other transmittable disease) would affect the efficient and effective operation of the campus or department.

Leave requests will be granted in accordance with board policy DEC.

Name:		Position:	
Department/Campus:		Date:	
Reason for absence	Date(s) of absence	Total hours or days absent	
<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment of a family member <i>Specify relationship:</i>			
<input type="checkbox"/> Death of a family member <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal Business			
<input type="checkbox"/> Jury Duty or subpoena (<i>attach documents</i>)			
<input type="checkbox"/> Other (<i>explain</i>)			
Substitute's Name:		Date:	
Employee Signature:		Date:	
Principal/Supervisor Signature:		Date:	
Leave Status:		<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
For office use only:		Category and amount of leave recorded	
<input type="checkbox"/> State personal leave _____ days		<input type="checkbox"/> State sick leave _____ days	
<input type="checkbox"/> Local leave _____ days		<input type="checkbox"/> Family/medical leave _____ days	
<input type="checkbox"/> Temporary disability _____ days		<input type="checkbox"/> Other:	
Notice provided to employee:		<input type="checkbox"/> FMLA <input type="checkbox"/> Workers' compensation	