

# BARBERS HILL INDEPENDENT SCHOOL DISTRICT

## ABSENCE FROM DUTY REPORT

EMPLOYEE: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

NAME OF SUBSTITUTE: \_\_\_\_\_

\*\*\*\*\*Please designate State or Local when applicable\*\*\*\*\*

| <u>Reason for Absence:</u>                                                                | <u>Date(s) of Absence</u> | <u>Total Days</u> |
|-------------------------------------------------------------------------------------------|---------------------------|-------------------|
| Personal Illness or Medical Appointment<br>_____ State _____ Local                        | _____                     | _____             |
| Family Illness or Medical Appointment<br>Specify Relationship:<br>_____ State _____ Local | _____                     | _____             |
| Death in Family<br>Specify Relationship:<br>_____ State _____ Local                       | _____                     | _____             |
| Personal Leave (State Only)                                                               | _____                     | _____             |
| Non-Duty Leave                                                                            | _____                     | _____             |
| Vacation                                                                                  | _____                     | _____             |
| Assault Leave<br>(Must notify Personnel Office)                                           | _____                     | _____             |
| Other (Specify)                                                                           | _____                     | _____             |

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

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

**NOTE: Each employee must submit an Absence from Duty Report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of four (4) or more continuous work days if absence is due to personal illness or illness in immediate family. This medical certification should be sent to the Personnel Office. School Board policy defines "immediate family" as any one of the following: Spouse; Son or Daughter, including a biological, adopted, or foster child, a son-or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*; Parent, including stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee; Sibling, including stepsibling, sibling-in-law; Grandparent and Grandchild; Any person who may be residing in the employee's household at the time of illness or death.**