

HARDIN INDEPENDENT SCHOOL DISTRICT  
ABSENT FROM DUTY REPORT



EMPLOYEE \_\_\_\_\_ CAMPUS/DEPARTMENT: \_\_\_\_\_

CAUSE OF ABSENCE \_\_\_\_\_

WORKER'S COMPENSATION? \_\_\_\_\_ ASSAULT LEAVE? \_\_\_\_\_

DATE(S) OF ABSENCE \_\_\_\_\_ AM PM All Day

NUMBER OF DAYS ABSENT \_\_\_\_\_

\_\_\_\_\_  
EMPLOYEE SIGNATURE

Note: **Each employee must submit an Absent from Duty Form immediately after returning to work.** It is the employee's responsibility to document absences correctly. If employee fails to complete and submit correct documentation, leave or compensation will be docked. A written statement from the attending physician or practitioner should be submitted for an absence of five (5) or more consecutive work days. The statement should be attached to this Absent From Duty Report. **A signed statement from the Court/Judge as proof of attending must be attached when absent for Jury Duty.** If discrepancies occur, corrections will be made on the following pay period.

Substitute(s) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

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

*Secretaries: Please note if substitute has been in same assignment for eleven or more consecutive days.*

**To be completed by Business Office**

State Personal Leave

Number of days used per this report \_\_\_\_\_

State Days Earned Prior to 06/01/95

Number of days used per this report \_\_\_\_\_

Local and Personal Leave

Number of days used per this report \_\_\_\_\_

Local Days Earned Prior to 06/01/95

Number of days used per this report \_\_\_\_\_

Number of days to be docked if no leave is available \_\_\_\_\_

Number of days to be docked if Absent From Duty is not signed \_\_\_\_\_

**To be completed by supervisor**

Advanced notice given for Discretionary Leave \_\_\_\_\_

Approved ( )

Disapproved ( )

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

Approved ( )

Disapproved ( )

\_\_\_\_\_  
Signature of Superintendent