

**ABSENCE FROM DUTY REPORT  
MILES ISD**

Employee: \_\_\_\_\_ Campus: \_\_\_\_\_

Please check one:

\_\_\_\_\_ State Personal (5 days per year: Accumulative)

\_\_\_\_\_ State Sick (accumulated prior to 1995-96 school year: Non Accumulative)  
(Employee or immediate Family Illness, Family Emergency, Death of immediate family member)

\_\_\_\_\_ Local Sick (District paid, 2 per year)  
(Employee or immediate Family Illness, Family Emergency, Death of immediate family member)

\_\_\_\_\_ Local Sick (Sub Deduction, 1 per year)  
(Employee or immediate Family Illness, Family Emergency, Death of immediate family member)

\_\_\_\_\_ Local Personal (Sub Deduction, 2 per year)

\_\_\_\_\_ Jury Duty (attach documentation)

\_\_\_\_\_ School Business/Staff Development \_\_\_\_\_

\_\_\_\_\_ Comp Time (Hourly personnel only) \_\_\_\_\_ hours used

Date(s) of Absence: \_\_\_\_\_ Number of days: \_\_\_\_\_

\_\_\_\_\_ Physicians Statement Required  
(5 or more days)

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

Substitute(s): \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

(Please provide budget code if not using general code)

Budget Code: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Note:** Form must be submitted immediately upon returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous workdays. This statement should be attached securely hereto.

Employees requesting or reporting extended leave of more than five (5) days must schedule a conference with personnel office.