

**SONORA INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY REPORT**

Employee: _____

First day absent from duty: _____
(Date)

Day returned to duty: _____
(Date)

Total days absent: _____

I certify the information on this report is true and correct.

Employee Date

Supervisor Date

REASON FOR ABSENCE

Local Sick _____

State Personal Business _____

School Business (State Nature) _____

Jury Duty _____

Vacation _____

*Immediate family includes:

Approved leave for death in the immediate family is limited to five work days.
Spouse, Son, Son-in-law, Stepson, Daughter, Daughter-in-law, Stepdaughter, Father, Father-in-law, Stepfather, Mother, Mother-in-law, Stepmother, Brother, Brother-in-law, Stepbrother, Sister, Sister-in-law, Stepsister, Grandparents, Grandchildren, any person residing in employee's household at time of illness or death

Note: A written statement from the attending physician or practitioner must be submitted for an employee's absence of five or more continuous work days or for more than three consecutive days of illness in family.

3 days advance notice MUST be provided to the Principal for discretionary Personal Leave.

This form MUST be filled out immediately upon return from Sick Leave.

SUBSTITUTES EMPLOYED

Name	Days	Amount Paid	Remarks

Reviewed:
