

**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:** \_\_\_\_\_