

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

Employee #	Employee : Last Name, First Name (Please PRINT Name)

JH/HS     Elem.  
Campus

**REASON FOR ABSENCE**

**DATE(S) OF ABSENCE**

<input type="checkbox"/> Personal illness or medical appointment Is illness or injury work-related?    YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/> Illness or medical appointment in family <b>Specify relationship:</b>	
<input type="checkbox"/> Death in family <b>Specify relationship:</b>	
<input type="checkbox"/> Emergency <b>Specify:</b>	
<input type="checkbox"/> Personal Business	
<input type="checkbox"/> Jury duty or subpoena ( <b><u>attach documentation</u></b> )	
<input type="checkbox"/> Assault Leave	
<input type="checkbox"/> <b>SCHOOL BUSINESS</b>	
Days will be used in this order unless otherwise specified: Local Level State Sick State Personal <i>Employee must indicate preferred order if different. Otherwise, may leave blank.</i>	<b>Please use:</b>

Employee Signature	Date
Principal/Supervisor Signature	Date

\*\*\*Refer to Chapter 4 of your Employee Handbook for leave requirements

<b><u>VACATION REQUEST FOR 12 MONTH EMPLOYEES ONLY</u></b>	
I request vacation time for the following dates:	I will return to work on:

<b><u>FOR CAMPUS USE ONLY</u></b>	
<u>DATE</u>	<u>SUBSTITUTE NAME (SUB FORMS MUST BE ATTACHED)</u>

<b>For Payroll Use ONLY:</b> # of Days _____ Dock Rate _____ PR Dock \$ _____
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