

Odem-Edroy Independent School District

ABSENCE FROM DUTY REPORT

Charge Sub. Fee to: _____

Acct # _____

Campus

EMPLOYEE:

DATE OF ABSENCE: (First Day)

(Last Day)

REASON FOR ABSENCE:

Total Day(s)

(Check proper box and give brief explanation)

	Personal Illness
	Death in Family
	Illness in Family
	Approved Personal Leave
	Jury Duty
	Approved School Business
	Other

I hereby certify that the foregoing statement is true and correct.

Employee's Signature

Date

Substitute Employed:

Name of Substitute(s)	Date(s)

NOTE: Each employee must submit an absence of duty report immediately after 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.

Supervisor's Signature
(if applicable)

Date

Superintendent's Signature
(if applicable)

Date

For Curriculum use Only:

Date AFD Rec.	Date Reg. Faxed	Date O.I. Reg	Reg Fee PO#	Hotel Fee PO#	Airline PO	Membership PO #