



## Absence From Duty Form

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### Tatum ISD Leaves and Absences (DEC)

\*\*\*Each employee must submit an absence from duty form upon returning to duty.

**State Personal Leave** – Each employee regularly employed shall earn state personal leave at the rate of one-half workday for each 18 workdays of employment up to the statutory maximum of five (5) workdays annually. The unused balance is carried forward with no limit on accumulation.

**State Personal Leave Non-Discretionary (State Leave)** – Under this classification State Personal Leave may be used for illness of the employee, illness of the employee’s immediate family, family emergency, or death in the employee’s immediate family. A written statement from the attending physician is required for absences or more than five (5) days.

**Local Leave** –Local sick leave days, to be used before state leave, are earned by all district employees. Local sick leave days are defined by the state sick leave rules.

**Comp Pay** – Earned compensatory time shall be used before any available paid state and local leave. (See DEA)

**School Sponsored Leave** – This is to be used for time away from normal assignment for such reasons as UIL meetings, sporting events, etc., when the absence has been authorized by principal or supervisor.

**Jury Duty** – There will be no charge to the employee for subpoenaed jury duty.

### LEAVE REQUESTED:

<p>_____ Local Leave – Non-Discretionary</p> <p>_____ Bereavement Leave _____          (as defined in DEC)                      Who</p> <p>_____ Comp Pay</p> <p>_____ State Personal Leave – <b>Discretionary</b>          (on back)</p> <p>_____ School Sponsored Leave</p> <p>_____</p>	<p>_____ State Personal Leave – Non- Discretionary</p> <p>_____ Jury Duty          (attach Jury Duty Attendance Form)</p> <p>_____ Vacation (256/226 day employees only)</p> <p>_____ Staff Development</p> <p>_____</p>
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Absence Date/s	AM	PM	All Day	Substitute

\_\_\_\_\_  
Employee Name (Please print)

\_\_\_\_\_ Date                      Emp #                      Campus

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

\_\_\_\_\_  
Principal/Supervisor Signature                      Date



## State Discretionary Leave Request

**State Personal Leave Discretionary (State Personal)** –The employee shall submit a written request (bottom of this sheet) for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. In deciding whether to approve or deny state personal leave, the supervisor or designee shall not seek or consider the reasons for which as employee requests to use leave. The supervisor or designee shall, however, consider the effect of the employee’s absence on the educational program or District operations, as well as the availability of substitutes. Discretionary use of state personal leave shall not exceed three consecutive workdays.

**Date of Anticipated Absence** \_\_\_\_\_

I understand that if I have exhausted all of my State Personal days, or if I am requesting a day that is not allowed because of the above policy, I will be docked my daily rate of pay for the days applicable.

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

\_\_\_\_\_  
Date

Approve \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Principal/Designee Signature

\_\_\_\_\_  
Date

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**Written Request:**