

# MARTIN'S MILL ISD

## ABSENCE FROM DUTY REPORT

EMPLOYEE: \_\_\_\_\_ CAMPUS/DEPARTMENT \_\_\_\_\_

REASON/CAUSE FOR ABSENCE: \_\_\_\_\_

DATE(S) OF ABSENCE: \_\_\_\_\_ NO. OF DAYS ABSENT: \_\_\_\_\_

**PLEASE INDICATE WHICH TYPE OF LEAVE YOU ARE REQUESTING TO USE:**

STATE SICK LEAVE

LOCAL LEAVE

If due to Death, please indicate Relationship:

OTHER \_\_\_\_\_

**NOTE: Each employee must submit an Absence from Duty report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than ten (10) consecutive work days. This physician's statement should appear either on this form or be attached to it.**

COMMENTS:

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**SUBSTITUTE INFORMATION:**

NAME OF SUBSTITUTE: \_\_\_\_\_ TYPE OF DAY:  FULL  HALF

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
SUPERVISOR APPROVAL