

Cushing ISD

Absence from Duty



Employee Information:		
Employee#	Last Name	First Name
Date(s) of absence:		
Leave Type: Please check one:		
State Personal/Sick	<input type="checkbox"/>	Local <input type="checkbox"/>
School Function	<input type="checkbox"/>	Office use only: Daily Dock <input type="checkbox"/>
Reason for Absence: Please check		
Personal/Medical	<input type="checkbox"/>	
School Business	<input type="checkbox"/>	
Jury Duty	<input type="checkbox"/>	<i>(Attach documentation or give reason)</i>
FMLA	<input type="checkbox"/>	
Other	<input type="checkbox"/>	
	<input type="checkbox"/>	
Employee Signature:		Date:
Principal/Supervisor Signature:		Date: