Cushing ISD

**Absence from Duty**

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

Substitute used (circle one):  **NO\_**

  **YES** (if yes please list below)

Substitute name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_

Substitute name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_

Substitute name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_