Cushing ISD

**Absence from Duty**

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| --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_