

## BELLS ISD ABSENCE FROM DUTY REPORT

*This is to certify that I was absent from duty on the dates shown below and for the reasons indicated. It is requested that these days be applied against my accumulated sick leave, if applicable, under the sick leave policy. I understand that the reason for absence from duty cannot be changed after submitting this report to the business office.*

- Absences of 5 or more consecutive days for personal or family illness must have a written statement from a health care practitioner attached to this document.
- Leave requests will be granted and recorded in accordance with board policy DEC unless employee indicates a different order below.

<b>Name</b>		<b>Position</b>
<b>Department/Campus</b>	<b>Employee #</b>	<b>Date</b>
<b>Reason for Absence</b>		<b>Date(s) of Absence</b>
<input type="checkbox"/> Personal illness or medical appointment		
<input type="checkbox"/> Illness or medical appointment in family <i>Specify relationship:</i>		
<input type="checkbox"/> Death in family <i>Specify relationship:</i>		
<input type="checkbox"/> Vacation Days – Non-contract employees only <i>Non-Duty Days</i>		
<input type="checkbox"/> Personal business		
<input type="checkbox"/> Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)		
<input type="checkbox"/> Jury duty or subpoena (attach documents)		
<input type="checkbox"/> Assault leave <input type="checkbox"/> Military <input type="checkbox"/> Other _____		
<input type="checkbox"/> Educational Leave <b>NAME OF EVENT</b> _____ <i>Days Not Charged</i> <b>or WORKSHOP</b>		
<b>Employee Signature</b>		<b>Date</b>
<b>Principal/Supervisor Signature</b>		<b>Date</b>

### SUBSTITUTE TEACHER – CAMPUS VERIFICATION FORM

**Month of Pay Period:** \_\_\_\_\_ **Year:** \_\_\_\_\_      **SUBSTITUTE EMPLOYEE #** \_\_\_\_\_

**SUBSTITUTE NAME:** \_\_\_\_\_

*Please list below only the days worked for the above employee.*

11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		01	02	03	04	05	06	07	08	09	10

**Total days Sub this report:** \_\_\_\_\_      **Substitute's Signature** \_\_\_\_\_