SCHLEICHER COUNTY ISD
ABSENCE FROM DUTY REPORT

Employee Name: _____Campus:_____

TOTAL NUMBER OF DAYS ABSENT: _____

Date of Absence	Substitute Employed	Full Day/Half Day	Cause of Absence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I HEREBY CERTIFY THAT THIS INFORMATION IS TRUE AND CORRECT.

_____ _____

Employee Signature Date **Supervisor Signature Date**

Comments:

Check choice of available leave to be used:

- ☐ **State personal Leave**
- ☐ **State Sick Leave accumulated prior to 95-96**
- ☐ **Local Sick Leave**