

WEIMAR ISD ABSENCE FROM DUTY FORM

- **ONE WEEK PRIOR APPROVAL REQUIRED** for Professional and Personal Leave.
- **Personal leave** MAY NOT be taken for more than **3** consecutive days.
- **Leave** SHALL NOT be allowed on the **last workday before** or **first workday after** a school holiday, staff development, or days scheduled for end-of-semester or end-of-year exams and state assessments.
- An absence of **5 or more** consecutive days due to **personal illness** - SHALL SUBMIT a medical certification of illness and of his/her fitness to return to work.
- An absence of **5 or more** consecutive days due to **illness of immediate family** - SHALL SUBMIT a medical certification of the family member's illness.
- **All DEC legal and local policies apply.**

Employee Name: _____

Circle Leave Type: **PERSONAL** **PROFESSIONAL** **COMP** **OTHER** _____

Reason: _____

Date(s) of Absence: _____

AM_____ **PM**_____ **ALL DAY**_____ **TOTAL DAYS**_____

Employee's Signature: _____

DATE _____

Administrator's Approval: _____

DATE _____

Was Substitute Hired: _____ No _____ Yes

Name of Substitute: _____

Substitute's Signature: _____

DATE: _____ AM _____ PM _____ ALL DAY _____

CAMPUS

() HIGH SCHOOL-002 () JUNIOR HIGH-041 () ELEMENTARY-102

SUBSTITUTE ACCOUNT CODE

- () 255-11-6112-00-xxx-811000: TEACHER WORKSHOP/PROF. DEVELOPMENT SUB
- () 199-11-6112-00-xxx-811000: GENERAL SUB
- () 199-11-6112-00-xxx-823000: SPECIAL ED (SPED) SUB
- () 199-11-6112-00-xxx-825000: ESL SUB
- () 199-11-6112-00-xxx-822000: AG (CTE) SUB