

# WEIMAR ISD ABSENCE FROM DUTY FORM

- \* One Week Prior Approval Required
- \* 3 or more consecutive days for illness or immediate family member illness - Doctor's note required
- \* Personal leave MAY NOT be taken for more than 3 consecutive days
- \* Leave SHALL NOT be allowed on the last workday before or the first workday after a school holiday, staff development, or days for end-of-semester exams/state assessments
- \* All WISD DEC Legal and Local Policies Apply

Employee Name: \_\_\_\_\_

Circle Type of Leave:      **LOCAL**              **STATE**              **PROFESSIONAL**      **OTHER** \_\_\_\_\_

Date of Absence: \_\_\_\_\_

**AM** \_\_\_\_\_      **PM** \_\_\_\_\_      **ALL DAY** \_\_\_\_\_      **TOTAL DAYS** \_\_\_\_\_

Reason: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Substitute (if hired): \_\_\_\_\_

Substitute Signature: \_\_\_\_\_

Dates: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ All Day \_\_\_\_\_

Dates: \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ All Day \_\_\_\_\_

\_\_\_\_\_ High School

\_\_\_\_\_ Jr High

\_\_\_\_\_ Elementary

\_\_\_\_\_ General Ed Sub

\_\_\_\_\_ Sped Ed Sub

\_\_\_\_\_ ESL Sub

\_\_\_\_\_ Sub for Ag

\_\_\_\_\_ Other \_\_\_\_\_