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 _____