

## ABSENCE FROM DUTY REPORT

Employee \_\_\_\_\_

Campus \_\_\_\_\_

Date(s) Of Absence \_\_\_\_\_

Number of Days Absent \_\_\_\_\_

\_\_\_\_\_

Number of Days Absent \_\_\_\_\_

**Cause of Absence:**

1. Sick Leave (Illness) \_\_\_\_\_

2. Personal Leave \_\_\_\_\_

3. Other (Please Explain) \_\_\_\_\_

\*i.e., School Related Trips,  
Workshops, Jury Duty, Etc. \_\_\_\_\_

Name of Substitute \_\_\_\_\_

Number of Days \_\_\_\_\_

Address of Substitute \_\_\_\_\_

SSN# \_\_\_\_\_

\_\_\_\_\_

Name of Substitute \_\_\_\_\_

Number of Days \_\_\_\_\_

Address of Substitute \_\_\_\_\_

SSN# \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician  
or Practitioner

\_\_\_\_\_  
Signature of Teacher  
SSN# \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal

**NOTE: Each employee must submit an Absence From Duty Report prior to any known absence. A written statement from the attending physician or practitioner must be submitted for an absence of five or more continuous work days. This statement should appear either on this form or be attached.**