

**SABINE ISD
ABSENCE FROM DUTY REPORT**

NOTE: Employees must complete this report on the first day back to work following an absence for any reason. After completion, the form must be submitted to the employee's principal or department director/supervisor ***to be submitted to Payroll on a weekly basis.***

A written statement from the attending physician or practitioner must be submitted for an absence of more than three (3) continuous work days. This statement should appear either on this form or attached securely hereto.

EMPLOYEE: _____

Date of Absence <i>(include whole or half day)</i>	Reason <i>(brief)</i>	Type of Leave to Charge <i>(sick, personal, non-contract)</i>

Name of Substitute: _____ Date(s): _____

_____ Date(s): _____

_____ Date(s): _____

Signature of Employee

Signature of Supervisor