



Nueces Canyon CISD

"The Pride of Nueces Canyon"

P.O. Box 118
200 Taylor Street
#1 Panther Circle
Barksdale, Texas 78828
(830) 234-3514 Phone
(830) 234-3435 Fax

REQUEST FOR ABSENCE FROM DUTY ABSENCE FROM DUTY REPORT

Employee: _____

Social Security Number: _____ Campus: _____

Reason for Absence: _____

Date of Absence: _____ No Days: _____

Employee Signature: _____

Principal Signature: _____ Sub Requested: Yes No

Superintendent: _____ Sub Approval: Yes No

Business Office Use

Local District Leave Sick Leave Personal Leave Comp. Leave or Vacation

Discretionary Leave: Each employee MUST submit a Request For Absence From Duty Form *4 days prior* to the absence in the event the absence is foreseeable and have written approval from the campus principal or supervisor and superintendent before the request is considered approved.

NON-Discretionary Leave: In the event an *unforeseeable absence* is necessary, this form MUST be completed *immediately upon return* to work and submitted to the campus principal or supervisor and superintendent.

A written statement from the attending physician or practitioner must be attached to this form for an absence of five (5) or more continuous work days due to illness.

Substitute _____ Date _____

Substitute _____ Date _____

Substitute _____ Date _____

Substitute _____ Date _____

Substitute _____ Date _____