

**INGRAM INDEPENDENT SCHOOL DISTRICT**  
**ABSENCE FROM DUTY FORM**

Every employee must complete an absence from duty report after returning to duty.  
 A written statement from the attending physician must be submitted for an absence of more than  
 five (5) continuous work days. Please refer to Board Policy DEC (LEGAL).

**NAME:** \_\_\_\_\_ **CAMPUS:** \_\_\_\_\_ **PERIOD:** \_\_\_\_\_

CHOOSE LEAVE>>>>  LOCAL SICK LEAVE **OR**  STATE SICK LEAVE

	<u>DATE(S) OF ABSENCE</u>	<u>*RELATIONSHIP</u>
<input type="checkbox"/> Illness - Self	_____	_____
<input type="checkbox"/> Illness - Immediate Family*	_____	_____
<input type="checkbox"/> Death - Immediate Family*	_____	_____
<input type="checkbox"/> Family Emergency - Immediate Family*	_____	_____

STATE PERSONAL LEAVE DATE(S) OF ABSENCE  
 \_\_\_\_\_

<u>DISTRICT APPROVED LEAVE</u>	<u>DATE(S) OF ABSENCE</u>
<input type="checkbox"/> JOB RELATED	_____
<input type="checkbox"/> STAFF DEVELOPMENT	_____
<input type="checkbox"/> JURY DUTY (Attach Summons)	_____
<input type="checkbox"/> COMPENSATORY TIME	_____
<input type="checkbox"/> OTHER Explain: _____	_____

I have reported a total of \_\_\_\_\_ day(s) on this absence form.

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Approved By Principal / Supervisor

\_\_\_\_\_  
 Approved By Superintendent (if applicable)

\_\_\_\_\_  
 Approved By Payroll Department

**DOCK NOTICE**

Reason for Dock: \_\_\_\_\_  
 \_\_\_\_\_

Total Dock Amount: \_\_\_\_\_ to be docked from \_\_\_\_\_ payroll.

<b>SUBSTITUTE PAYROLL</b>	<b>NAME OF SUB.</b>	<b>PAY</b>
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