

Absence from Duty Form Wills Point ISD

Employee Name _____ Employee Number: _____ Campus: _____

IMPORTANT NOTE: You are given 5 state personal days and 5 local days (2 local personal and 3 local sick) each year, up to a maximum of 30 local days. For illness related absences, please specify whether to deduct the absence from your local sick or state balance, and for personal business absences specify whether to deduct from your local personal or state personal balance. If local or state preference is not checked, leave will be posted to state balances. Check with your campus secretary for up-to-date balances. The balances on your pay stub do not reflect any days used in the current month.

Date of Absences:	Full or half day:	Purpose of Absence:						Substitute Information:		
		Illness self or family or Death in Family		Personal Business		Workshop or training (INDICATE SUBJECT AREA)	Other (specify – jury duty, school business, comp or etc)	Name of Substitute used this day: (If no substitute used specify NONE.)	Sub Employee #	Full or half day:
		See district *authorized definition of family below.		State	Local					
		State ✓	Local ✓	State ✓	Local ✓					

*District Policy specifies that “family” for leave purposes is considered: spouse, parent, stepparent, parent-in-law, sibling, stepsibling, sibling-in-law, grandparent, grandchild, son or daughter (including biological, adopted, foster child, son or daughter-in-law, stepchild, legal ward, (or any child you are standing in *loco parentis* for) or any person residing at the employee’s household at the time of illness or death. Note: for purposes of FMLA, definition of family includes only spouse, parent, or child.

Employee’s Signature

Supervisor’s Signature