

**CARTHAGE INDEPENDENT SCHOOL DISTRICT
 ABSENCE FROM DUTY REPORT
 MUST BE FILLED OUT BY EMPLOYEE**

Employee _____ Position _____

Employee Payroll Number _____ Campus _____

Date of Absence _____ From _____ Through _____ Total Days Absent _____

CAUSE OF ABSENCE:

- Personal Illness: Sick Drs Appt Dental Appt Other: _____
- Illness in Family: Relationship _____
- Death in Family
- School Business: Workshop School Trip Other: _____
- Court Summons (attach copy of summons)
- Personal Business*
- Vacation Other: _____

_____ STATE DAYS _____ LOCAL DAYS

A written statement from the attending physician must be attached if the duration of absence due to illness of the employee was **more than** five (5) days. If absence was due to illness of a family member, a written statement from the attending physician must be attached if the length of absence was **more than** three (3) days. For an extended leave beyond the time named above, you should call the Business Office and inquire about the FMLA (Family Medical Leave Act) Plan.

*Personal Business Days **MUST** have three (3) day prior approval by campus principal. A completed and signed Personal Business Day Request form must be submitted to the Business Office. Personal business days may not be taken for more than 2 **consecutive days**. See DEC Local for Personal Business Day schedule limitations.

 Employee's Signature Date



**FOR OFFICE USE ONLY
 Substitute Information**

NOTE
 All information **MUST** be filled out
 for substitute to be paid.
 Date

Substitute Payroll # _____

Substitute Name(s) _____

Comments: _____

Signature of Principal or Supervisor _____ Date _____

Superintendent's Signature _____ Date _____

Payroll Only				
029	030	031	032	033

••••• Principal's office please return completed and signed form to Joni Lee at the Business Office. •••••