

CHIRENO INDEPENDENT SCHOOL DISTRICT

Application for Approval of Absence from Duty

Name	Campus
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REASON FOR ABSENCE	Date(s) of Absence	Total Days
Sick Leave		
Personal/Bereavement Leave		
Jury Duty (attach summons notice)		
Vacation (12 month employees only)		
Comp Time (must have prior approval and application for Approved Comp Time on file in Business Office)		

SCHOOL BUSINESS	Name of Workshop / Description	Date(s) of Absence	Total Days
Professional Development			
Field Trip			
Misc. School Business			

Employee Signature	Date
Principal / Supervisor Signature	Date

Note: Each employee must submit an Absence from Duty report immediately after reporting to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous workdays. This statement should appear either on this form or be attached securely hereto.

Substitutes Employed

Name	Date	Total Days