

NORTH LAMAR INDEPENDENT SCHOOL DISTRICT  
ABSENCE FROM DUTY FORM

**TO BE FILLED OUT BY EMPLOYEE**

Employee: \_\_\_\_\_ Campus: \_\_\_\_\_

Cause of Absence: (If attending workshop, give name of workshop. If other school business, explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate which day you are taking: \_\_\_\_\_ Local Day \_\_\_\_\_ State Personal Day

IF NO INDICATION IS MADE, STATE DAYS WILL BE USED FIRST

Date(s) of Absence: \_\_\_\_\_ Number of Days Absent: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

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**TO BE FILLED OUT BY CAMPUS OFFICE STAFF**

Name of Substitute: \_\_\_\_\_ Dates: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of Principal/Supervisor: \_\_\_\_\_

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**TO BE FILLED OUT BY PAYROLL OFFICE**

Minimum Foundation Program DAYS Additional Leave per District Policy DAYS

State Sick Leave/Death in Family \_\_\_\_\_ Local Sick Leave \_\_\_\_\_

State Personal Leave \_\_\_\_\_

TOTAL DAYS \_\_\_\_\_ Deduct: \_\_\_\_\_ local days at \$25 \_\_\_\_\_, \$30 \_\_\_\_\_, \$66 \_\_\_\_\_ = \$ \_\_\_\_\_

Deduct \_\_\_\_\_ days at \_\_\_\_\_ daily rate = \$ \_\_\_\_\_

NOTE: Each employee must submit an absence from duty report immediately after returning to duty. A Written statement from the attending physician or practitioner must be submitted for a 3 day or more absence for a sick child or relative (must be immediate family).