

ABSENCE FROM DUTY FORM

Employee Name:

ID# Date of Absence

Reason for Absence

- Personal Illness or Doctor Appointment (Medical certification required after 5 consecutive days of absence)
- Professional Leave (Documentation required)
- Worker's Compensation (Must have doctor's statement starting with 1st day claimed)
- Jury Duty (Documentation required)
- Illness in family (Medical certification required after 5 consecutive days)

Relationship:

- Death in immediate family

Relationship:

- Funeral

Location:

Length of Absence

Check only one

- Full Day
- Morning (7:45 - 11:45)
- Afternoon (11:45 - 3:45)

Substitute Requested:

Employee Signature *(Request is not valid without signature)*

SUBSTITUTE INFORMATION

Substitute Name

Time In

ID# Date of Service

Time Out

Substitute Signature



PAYROLL USE ONLY

Local

State

Professional

Administrative Signature