ABSENCE FROM DUTY REQUEST/REPORT
MEADOW ISD

For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.

Employee: _____ Date Submitted: _____

Please check one:

_____ **Personal** ____State or ____Local
_____ **Sick** ____State or ____Local or ____Old Sick Leave
_____ **Jury Duty**
_____**School Business/Staff Development: title**_____
_____**School Business/Field Trip: Where**_____
_____**School Business/Athletics: Purpose** _____
_____**School Business: Other** _____
_____**Vacation time (12 month contract only)**
_____**Less than 2 hours: Times off campus** _____
Purpose _____

Date of Absences: _____ Number of days: ____
Length of Absence _____Full _____Half Day AM or PM
(Circle One)

___ Physicians Statement Required
(more than 3 days)

_____
Signature of Employee Date

_____
Signature of Supervisor Date

☐ Approved
☐ Denied: Reason_____

5 State Personal Leave Days Each Year
**2 Local Person Leave Days Each Year

Note: **For local leave days employee will have a daily substitute rate deducted for each local day used, and once all days (state and local) are depleted, a daily rate will apply.