

**Stafford Municipal School District
PERSONAL LEAVE REQUEST AND
ABSENCE FROM DUTY REPORT**

| | |
|------------------|-----------------|
| Office Use Only: | |
| _____ State | _____ Local |
| _____ Comp | _____ Jury Duty |
| _____ Sch Bus | _____ Dock |

| | |
|--------------|---------------|
| Employee: | Today's Date: |
| Employee No: | Campus: |

PERSONAL LEAVE REQUEST

Complete this portion when requesting Personal Leave. Submit the form to your supervisor for approval. Keep the original and make a copy for your supervisor.

| | | |
|---|--------------|-----------------------|
| Beginning Date: | Ending Date: | Total Days Requested: |
| Please use my <input type="checkbox"/> State Days <input type="checkbox"/> Local Days | | |
| _____ Employee Signature | | _____ Date |
| Personal Leave Request has been <input type="checkbox"/> Approved <input type="checkbox"/> Denied | | |
| _____ Principal or Supervisor Signature | | _____ Date |

ABSENCE FROM DUTY REPORT

Complete this portion when returned from an absence. Each employee must submit an Absence From Duty Report immediately after returning to duty. If absence is for anything other than illness, death in family, jury duty, or approved personal or school business, the employee will be docked accordingly. Also, if an employee is not available to sign this form, this unsigned form should be sent to Payroll at the end of the week. Upon the return of the absent employee, a signed copy marked 'DUPLICATE' should be forwarded to Payroll.

| | | |
|-----------------|--------------|--------------------|
| Beginning Date: | Ending Date: | Total Days Absent: |
|-----------------|--------------|--------------------|

NATURE OF ABSENCE

- 1. Personal Illness - Attach a physician's statement if absent more than five consecutive days due to personal illness.
- 2. Illness of Family Member - Circle relationship below. Attach physician's statement of the family member if absent more than five consecutive days.
- 3. Death in Family - Circle relationship below.
- 4. Jury Duty - Certified documentation of jury **attendance** must accompany this form.
- 5. School Business
- 6. Personal Leave - Above portion must be approved.

RELATIONSHIPS - Circle appropriate relationship for above absence No. 2 or No. 3.

- | | | | | | |
|----------|------------|--------------|-----------------|-------------|----------------|
| Husband | Father | Stepson | Father-in-Law | Brother | Grandparent |
| Wife | Mother | Stepdaughter | Mother-in-Law | Sister | Grandchild |
| Son | Stepfather | | Son-in-Law | Stepbrother | Brother-in-Law |
| Daughter | Stepmother | | Daughter-in-Law | Stepsister | Sister-in-Law |

Other: _____ (Please state relationship.)

Explanation of Absence

I hereby certify that the foregoing statement is true and correct.

| | |
|--------------------------|------------|
| _____ Employee Signature | _____ Date |
|--------------------------|------------|

| | | |
|---|------------|--|
| _____ Principal or Supervisor Signature | _____ Date | Absence has been <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
|---|------------|--|

| | |
|----------------------|------|
| Substitute Employed: | Date |
|----------------------|------|