

RIVERCREST INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY REPORT

EMPLOYEE: _____ SOCIAL SECURITY NUMBER _____

Reason for Absence: _____ Campus _____

Date(s) of Absence: _____ Number of day absent _____

Check One: New Sick/Personal Leave Day(s) _____
Old Sick Leave Day(s) _____
Local Personal Leave Day(s) _____

Signature of Attending Physican

Signature of Teacher

Minimum Foundation Program	Days	Additional District Policy	Days
New Sick/Personal Leave	_____	Sick Leave (only after all leave is exhausted)	_____
Old Sick Leave	_____	Local Personal/Business Leave (2 days only)	_____
Total Days	_____	Total Days	_____

Name of Substitute (s) _____ Social Security # _____ Date _____

Signature of Principal

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 submitte for an absence of five (5) or more continuous days. This statement should appear either on this form or be attached securely to this form.