



Academy ISD Absence from Duty Form

Employees Name: _____

Employee #: _____

Campus: _____

School Business/Professional Leave

District & State Personal Leave

Old State Sick Leave

Half Day(s) _____

Full Day(s) _____

Date(s) of Absence: _____

Signature of Employee

Reason for Absence

Name of Substitute: _____

Substitute Employee #: _____

Signature of Substitute

Signature of Principal/Supervisor

Comments:

Note: Each employee must submit an "Absence from Duty Form" immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of 5 or more continuous workdays. This statement should appear either on this form or attached securely hereto.

Office use only:

District Personal Leave (02) _____

State Personal Leave (03) _____

State Sick Leave (07) _____

(Old leave no longer given, but if an employee has any left from years past; they may choose to use it for sickness before District Personal or State Personal. Usually used up if an employee has extended illness.)

Vacation (08) _____

School Business/Professional (09) _____

School Business/ Professional Extra Curricular (11) _____

Jury Duty (12) _____

Other _____

Office use only:

COVID-19 quarantine

COVID-19 testing period window

COVID-19 quarantine due to possible exposure