

**CANUTILLO INDEPENDENT SCHOOL DISTRICT
EMPLOYEE ABSENCE REPORT**



Name _____ Last 4 Social Security# _____
 Last First MI

Campus/Dept. Name _____

Position _____ Dates of Absence _____

Total Days Absent _____ ½ Day AM or PM

Instructions

- 1) This form must be submitted to F & T immediately upon return to duty.
- 2) A separate absence form must be submitted for each different reason for absence.
- 3) Please print or type information.
- 4) Both signatures are required at the bottom.

1. Reason for Absence:

- | | |
|---|--|
| <input type="checkbox"/> Personal Business

<input type="checkbox"/> Sick Leave – Self
(Illness of employee over 3 days, medical certification required)

<input type="checkbox"/> Illness of Family Member

<input type="checkbox"/> Family Emergency
(Explain _____)

<input type="checkbox"/> Compensatory Leave _____ (hours)

<input type="checkbox"/> Temporary Disability Leave

<input type="checkbox"/> Absent Without Pay

<input type="checkbox"/> Flex – Day (Approved Non-Duty Day)

<input type="checkbox"/> District Declared Emergency

<input type="checkbox"/> Staff Development/Training (_____)
<p align="center">Name of Workshop</p> | <input type="checkbox"/> Military Duty

<input type="checkbox"/> Approved Vacation
(Applicable only to 260 day employees)

<input type="checkbox"/> Jury Duty (Attach Certificate)

<input type="checkbox"/> Court Ordered Appearance

<input type="checkbox"/> Work Related Accident

<input type="checkbox"/> Duty Related/Not Staff Development

<input type="checkbox"/> Family Medical Leave

<input type="checkbox"/> Death in Immediate Family |
|---|--|

2. Provide name of substitute who filled position (if none, so state).

Name of Substitute: _____ *Dates of substitution:*
 _____ From: ___/___/___ To: ___/___/___

3. Signatures

_____/_____/_____
 Signature of Employee Date Approved by Supervisor Date