

EULA I.S.D.
ABSENCE FROM DUTY REPORT

Employee _____ Position _____

Cause of Absence _____

Dates(s) _____ Number of Days _____

Signature of Employee _____

Leave Type (Check One)

- (a) Local (District) Sick Leave _____
- (b) State Personal _____
- (c) Pre 1995 Sick Leave _____
- (d) School Business _____

Name of Substitute _____ Date(s) _____

Supervisor

NOTE: *Each employee must submit an Absence From Duty Report the day they return to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous workdays. Employees who exceed their allotted quota of sick leave will lose pay in accordance with district procedures.*

- * (a) Local (District) Sick Leave-3 days earned in total at the beginning of each school year. Can be used for illness of employee or immediate family or death in the immediate family. These days must be used before pre-1995 sick leave.
- * (b) State Personal Days – 5 days allocated at the beginning of the school year. These days accumulate year to year.
- * (c) Pre-1995 Sick Leave is available to only those employees who worked prior to 1995. Can be used for illness of employees or immediate family or death in immediate family. Local (district) days must be used first.

*Immediate Family:

Spouse, son or daughter (biological, adopted or foster), son or daughter-in-law, stepchild, legal ward, or a child for whom the employee stands *in loco parentis*, parent, stepparent, parent-in-law, individual who stands *in loco parentis* to the employee, sibling, stepsibling, sibling-in-law, grandparent, grandchild or any person who may be residing in the employee's household at the time of illness or death.

Revised 02/22/05