

NEW WAVERLY INDEPENDENT SCHOOL DISTRICT

APPLICATION FOR APPROVAL OF ABSENCE FROM DUTY

EMPLOYEE: _____
Name Campus

Application is hereby made for approval of absence from duty for the period:

Beginning Date: _____ Total Days Absent: _____

Nature of illness and/or statement of facts concerning the above absence from duty:
(Please circle the reason for your absence.)

Personal Illness Family Illness Funeral Jury Duty Personal Leave Day

School Related Meeting or Activity (Please Explain): _____

Other: _____

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

Date: _____ Employee's Signature: _____

Principal's Signature: _____

Approved () Superintendent's
Disapproved () Signature: _____

Note: Each employee must submit an Absence from Duty Report immediately after returning to work. A written statement from the attending physician or practitioner must be submitted for an absence of five (5) or more continuous work days. This statement should be attached securely hereto.

An Absence from Duty form must be completed for every day an employee is absent from work, regardless of reason.

SUBSTITUTES EMPLOYED

Name	Date	Name	Date