

Worker's Compensation (Without Pay)

Administrative Leave (Without Pay)

Employee's Signature

State Personal Leave (After 95-96) State Accumulates Limitations

EMDLOVEE.

Apply

## BROWNSVILLE INDEPENDENT SCHOOL DISTRICT CLASSIFIED ABSENCE FROM DUTY REPORT FORM

DIRECTIONS: Each employee must submit an Absence From Duty Report for each pay period in which absences occur. A written statement from the attending health care practitioner must be firmly attached to this report and submitted for illnesses in excess of five (5) consecutive work days. A Leave Request Form must be submitted to Personnel on the six (6) consecutive work days.

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LAST	NAME FIRST NAME	MIDDLE INITIAL	LOCATION	PAY PE	ERIOD STAF	RT PAY PERIOD END	EMPLOYEE ID NUMBER
	SICK/PERSONAL LE taken in One (1) Hour		Loc # Ho		State Hours	Dates	Comments
Illness			02	03			
Death in Immediate	Family (Maximum 5 D	ays, if Available)	21	22			
Worker's Compensa	ntion		31	32			
Worker's Compense	etion (Without Pay)		33				

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TO

( ) Illness

Date

( ) Personal

Req On:

App. On:

Administrator's/Supervisor's Signature

OTHER LEAVES (To be taken in HALF and FULL DAYS)	Total # Days	Dates	Comments
Vacation (Bi-Weekly Employees)	62 (Current Yr.)		
	64 (Previous Yr.)		
Non-Working Days (Monthly Hourly Employees)	72 (Current Yr.)		
	74 (Previous Yr.)		
Assault Leave	79		
LPAC	88		
ARD	89		
Professional Leave (Copy of Professional Leave must be submitted)	91		
Jury Duty/Subpoena (Certificate of Jury Service must be submitted)	92		
Religious Observation	93		
Military	94		
Administrative Leave	95		

\* Local Leave will be exhausted before state leave is used if not specified on this form \* Verify employee ID number and that all absences are correctly posted on this form \* All absences must be posted on TimeClock Plus before sending the absence report to Payroll \* State Personal cannot be used before and/or after a Holiday \* Family Medical Leave (FMLA) must be requested through the Personnel Department \*

Date

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