

☐ Monthly Hourly
 ☐ Bi- Weekly

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 day.

EMPLOYEE: _____ TO _____
 LAST NAME FIRST NAME MIDDLE INITIAL LOCATION PAY PERIOD START PAY PERIOD END EMPLOYEE ID NUMBER

| SICK/PERSONAL LEAVE (To be taken in One (1) Hour Increments) | Local # Hours | State #Hours | Dates | Comments |
|--|------------------|-----------------|-------|-----------------------|
| Illness | 02 | 03 | | |
| Death in Immediate Family (Maximum 5 Days, if Available) | 21 | 22 | | |
| Worker's Compensation | 31 | 32 | | |
| Worker's Compensation (Without Pay) | 33 | | | |
| State Personal Leave (After 95-96) State Accumulates Limitations Apply | | 42 | | Req On: () Illness |
| | | | | App. On: () Personal |

| OTHER LEAVES (To be taken in HALF and FULL DAYS) | Total # Days | Dates | Comments |
|--|-------------------|-------|----------|
| Vacation (<i>Bi-Weekly Employees</i>) | 62 (Current Yr.) | | |
| | 64 (Previous Yr.) | | |
| Non-Working Days (<i>Monthly Hourly Employees</i>) | 72 (Current Yr.) | | |
| | 74 (Previous Yr.) | | |
| Assault Leave | 79 | | |
| LPAC | 88 | | |
| ARD | 89 | | |
| Professional Leave (<i>Copy of Professional Leave <u>must</u> be submitted</i>) | 91 | | |
| Jury Duty/Subpoena (<i>Certificate of Jury Service <u>must</u> be submitted</i>) | 92 | | |
| Religious Observation | 93 | | |
| Military | 94 | | |
| Administrative Leave | 95 | | |
| Administrative Leave (<i>Without Pay</i>) | 96 | | |