

# WEIMAR ISD ABSENCE FROM DUTY FORM

- **ONE WEEK PRIOR APPROVAL REQUIRED** for Professional and Personal Leave.
- **Personal leave** MAY NOT be taken for more than 3 consecutive days.
- **Leave** SHALL NOT be allowed on the **last workday before** or **first workday after** a school holiday, staff development, or days scheduled for end-of-semester or end-of-year exams and state assessments.
- An absence of **5 or more** consecutive days due to **personal illness** - SHALL SUBMIT a medical certification of illness and of his/her fitness to return to work.
- An absence of **5 or more** consecutive days due to **illness of immediate family** - SHALL SUBMIT a medical certification of the family member's illness.
- **All DEC legal and local policies apply.**

Employee Name: \_\_\_\_\_

Circle Leave Type:    **STATE PERSONAL**    **LOCAL SICK**    **PROFESSIONAL**    **COMP**  
                                 **OTHER** \_\_\_\_\_

Reason: \_\_\_\_\_

Date(s) of Absence: \_\_\_\_\_

**AM** \_\_\_\_\_    **PM** \_\_\_\_\_    **ALL DAY** \_\_\_\_\_    **TOTAL DAYS** \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Administrator's Approval: \_\_\_\_\_ DATE \_\_\_\_\_

Was Substitute Hired:     No     Yes    **Name of Substitute:** \_\_\_\_\_

Substitute's Signature: \_\_\_\_\_

DATE: \_\_\_\_\_    AM \_\_\_\_\_    PM \_\_\_\_\_    ALL DAY \_\_\_\_\_

## CAMPUS

( ) HIGH SCHOOL-002                      ( ) JUNIOR HIGH-041                      ( ) ELEMENTARY-102

## SUBSTITUTE ACCOUNT CODE

- ( ) 199-11-6112-00-xxx-011000: GENERAL ED SUB
- ( ) 199-11-6112-00-xxx-023000: SPECIAL ED (SPED) SUB
- ( ) 199-11-6112-00-xxx-025000: ESL SUB
- ( ) 199-11-6112-00-xxx-022000: SUB FOR AG