

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** _____

Date(s) of Absence: _____

AM _____ **PM** _____ **ALL DAY** _____ **TOTAL DAYS** _____

Reason: _____

******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