RIVER ROAD INDEPENDENT SCHOOL DISTRICT
ABSENT FROM DUTY FORM

Employee:_____ Campus:_____

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

Date of Absences: _____ Total Days Absent:_____

_____

_____

_____

Nature of illness and/or statement of facts concerning the above absence from duty:

EMPLOYEE STATEMENT (Required): _____

_____

_____

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

DATE:_____ EMPLOYEE SIGNATURE:_____

Recommendation of Principal or Supervisor _____ Approved _____ Denied

Sick Leave Day: _____

Personal Business Day:_____

School Business Day: _____

Jury Duty Day: _____

Vacation Day: _____

_____

Signature of Principal or Supervisor

Note: Each Employee must submit an Absence from Duty Report immediately after returning to duty. The Board Policy requests that a written statement from the attending physician or practitioner must be submitted for absence of five or more continuous work days for personal illness. Leave request will be granted in accordance with board policy DEC.

Campus Office Use Only - Notes	Admin Office Use Only			
	School	_____	01	_____
	Jury	_____	02	_____
	Comp	_____	07	_____
			08	_____
			50	_____