

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY REPORT**

Employee: _____ ID# _____ Campus: _____

Date(s) of Absence(s): _____ Total Days Absent _____
(Circle half days)

Type of Leave: State Local

Employee Signature: _____ Date _____

Reason for Absence

Sick Leave/Personal Illness

Payroll Deduction

Comp Time

Illness Immediate Family

Death in Family

Vacation

Name of Substitute	ID Number	Day(s)	Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Administrator/Supervisor _____ Date _____

Comments _____

<p>Payroll Computation: Dock _____ Days</p> <p>Daily Rate: _____</p> <p>Total Dock: _____</p> <p>Approved by: _____</p>
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