

SALTILLO ISD ABSENCE FROM DUTY REQUEST

Employee: _____

Date: _____

Substitute (required): _____

Employee's Reason for Absence: (must check one)

*Type of absence requested can not be changed after cut off date)

*Please note if you would like State sick leave (prior to 1995)

Code	Type of Absence	Please Mark Selection
01	Personal	
02	Local Leave	
03	Illness-Personal	
04	Staff Development	
05	School Business	
06	Family Illness	
07	Jury Duty	
08	Death	
10	FMLA Leave	

Specific Reason (if necessary):

Dates absent (required):

Month	Day	Year
/	/	
/	/	
/	/	
/	/	
/	/	

Employee Signature (required)

Supervisor's Signature

Business Office Use Only		
Date Paid: _____ / _____ / _____	Check #: _____	Amount: \$ _____
Employee #: _____		