



ABSENT FROM DUTY REPORT

Each Employee Must Submit An Absent From Duty Report Immediately Upon Returning to Work. (Employees who report their absence to AESOP may print their report from that system and use it in lieu of this form.)

Employee Name _____

SSN _____ Campus _____

<u>Date(s) of Absence(s)</u>	<u>Reason for Absence</u>	<u>Reason Code</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL # OF DAYS ABSENT

(Absences may only be recorded in full or half day increments unless the absence reason is vacation or comp time.)

REASON CODE

- 1 Local Sick Leave
- 2 State Personal Leave-Personal
- 3 State Sick Leave
- 4 Jury Duty
- 5 Military Duty
- 20 State Personal Leave – Sick
- 30 Comp Time
- 40 Vacation
- 44 Vacation Prior 08-09
- 45 Assault Leave

You must indicate your choice of state or local sick leave.

All full time employees earn 5 local sick leave days per year and 5 state personal leave days per year. State leave is cumulative and may be carried from district to district. Local leave is also cumulative, but may only be used in Georgetown ISD. Only those individuals who were employed in a Texas public school prior to Senate Bill 1 (1995-96 school year) are eligible to use State Sick Leave (Code 3).

A written statement from the attending physician or practitioner may be required for an absence due to illness of 5 or more continuous workdays.

I hereby certify the foregoing information is true and correct.

Employee Signature _____ Supervisor _____ Date _____