

**BROWNSVILLE INDEPENDENT SCHOOL DISTRICT
CERTIFIED PERSONNEL EMPLOYEE FORM
ABSENCE FROM DUTY REPORT FORM**

DIRECTIONS: Each employee (when absent) must submit an Absence From Duty Report on a monthly basis. A written statement from the attending health care practitioner must be firmly attached to this report and submitted for illnesses in excess of five (5) consecutive work days. A Leave Request Form must be submitted to personnel on six the (6) consecutive work day.

EMPLOYEE: _____
 LAST NAME FIRST NAME MIDDLE INITIAL LOCATION MONTH YEAR EMPLOYEE ID NUMBER

DATE:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
DAY(S) FULL (1) or HALF (.50)																																
REASON CODE																																

LOCAL	LEAVE CODES (To Be Taken in HALF and Full Days)	STATE
02	Illness	03
21	Death in Immediate Family <i>(Maximum 5 Days, if Available)</i>	22
31	Workers Compensation	32
33	Workers Compensation <i>(Without Pay)</i>	
	State Personal Leave	42

OTHER LEAVES CODES (To Be Taken In HALF and FULL DAYS)	
72 (Current)	Non-Working Days <i>(Monthly Salary Employees 220 & 226)</i>
74 (Prior)	
79	Assault Leave
88	LPAC
89	ARD
91	Professional Leave <i>(Copy of Professional Leave must be submitted)</i>
92	Jury Duty/Subpoena <i>(Copy of Jury/Subpoena Service must be submitted)</i>
93	Religious Observation
94	Military
95	Administrative Leave
96	Administrative Leave <i>(Without Pay)</i>

FOR YOUR INFORMATION

- Local Leave will be exhausted before state leave is used **if not** specified on this form.
- Verify employee ID number and that all absences are correctly posted on this form.
- All absences must be posted on TimeClock Plus before sending the absence report to Payroll.
- State Personal Leave **cannot be used** before and/or after a Holiday.
- Family Medical Leave (FMLA) must be requested through the Personnel Department.
- Absence From Duty Reports are due on the 3rd of every month. If the 3rd should fall on a weekend, submit the forms the following Monday.

Employee's Signature

Date

Administrator's/Supervisor's Signature

Date