

**BRADY INDEPENDENT SCHOOL DISTRICT  
ABSENCE FROM DUTY REPORT**

Employee: \_\_\_\_\_ Campus: \_\_\_\_\_

**Please check one: Enter a description for all except personal and state sick**

- \_\_\_\_\_ Personal
- \_\_\_\_\_ State Sick
- \_\_\_\_\_ Local
- \_\_\_\_\_ School Related \_\_\_\_\_
- \_\_\_\_\_ Workshop/In-service \_\_\_\_\_
- \_\_\_\_\_ Jury Duty (Attach summons with time released)
- \_\_\_\_\_ Other (comp, vacation) \_\_\_\_\_

Date of Absence(s): \_\_\_\_\_ Number of days: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
\_\_\_\_\_

Substitute(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Supervisor**

Each employee must submit an ABSENCE REPORT FORM immediately after returning to school.

Discretionary personal leave may not be taken for more than two (2) consecutive days. A written statement from the attending physician or practitioner must be submitted for an absence due to illness of more than three (3) consecutive work days. A statement for attending jury duty with release time required. This statement should appear either on this form or be securely attached hereto.

The substitute must sign this form before leaving the campus on the day he/she worked.