

SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT PRIOR AUTHORIZATION/ ABSENCE FORM

EMPLOYEE: _____ ID# _____ CAMPUS _____

Date(s) of Absence(s) _____ Total Days Absent _____

TYPE OF LEAVE:

STATE or LOCAL

Personal Business Leave (other explain) _____

School Leave (Name of Conference, place, etc.) (explain) _____

Employee's Signature _____ Date _____

Sick Leave/Personal Illness	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Pers. Business Leave	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Vacation	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Jury Duty or Comp Time	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
School Leave:	<input type="checkbox"/> Requested	<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Mileage	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Lodging	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	
Meals	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Lunch Only <input type="checkbox"/> All
* Other (See Above)	<input type="checkbox"/> Requested	<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	<input type="checkbox"/> Reg Fee <input type="checkbox"/> *Other

If Applicable:

Name of Substitute(s) _____ ID # _____ Days _____

Name of Substitute(s) _____ ID # _____ Days _____

Name of Substitute(s) _____ ID # _____ Days _____

Name of Substitute(s) _____ ID # _____ Days _____

Administrator/Supervisor _____ Date _____

Payroll Computation: Dock _____ Days
 Daily Rate: _____
 Total Dock: _____
 Approved by: _____