

**SOUTH TEXAS INDEPENDENT SCHOOL DISTRICT  
ABSENCE FROM DUTY REPORT**

Employee: \_\_\_\_\_ ID# \_\_\_\_\_ Campus: \_\_\_\_\_

Date(s) of Absence(s): \_\_\_\_\_ Total Days Absent \_\_\_\_\_  
(Circle half days)

Type of Leave:            State                                  Local

Employee Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Reason for Absence**

Sick Leave/Personal Illness

Payroll Deduction

Comp Time

Illness Immediate Family

Death in Family

Vacation

Name of Substitute	ID Number	Day(s)	Date(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Administrator/Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

<p><b>Payroll Computation:</b> Dock _____ Days</p> <p>Daily Rate: _____</p> <p>Total Dock: _____</p> <p>Approved by: _____</p>
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