

## 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 \_\_\_\_\_

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

Payroll Computation: Dock \_\_\_\_\_ Days  
 Daily Rate: \_\_\_\_\_  
 Total Dock: \_\_\_\_\_  
 Approved by: \_\_\_\_\_