

ABSENCE FROM DUTY REPORT

(To be completed for all absences.)

EMPLOYEE: _____

EMPLID#: _____

SCHOOL OR DEPARTMENT: *Carnegie Vanguard High School*

THE EMPLOYEE SHOULD CHOOSE WHICH LEAVE BANK TO DEDUCT THE TIME FROM ACCORDING TO POLICY. Please check (✓) Leave Selection and indicate date(s) of absence and number of requested hours.

LEAVE SELECTION	STATE LEAVE		LOCAL LEAVE		STATE SICK LEAVE		VACATION LEAVE		JURY DUTY	
	Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours
<input type="checkbox"/> Personal Illness										
<input type="checkbox"/> Personal Leave										
<input type="checkbox"/> Vacation Leave										
<input type="checkbox"/> Family Illness										
<input type="checkbox"/> Jury Duty										
<input type="checkbox"/> Religious Holiday										
<input type="checkbox"/> Other (Specify): _____										
<input type="checkbox"/> Funeral Leave** (additional days)										
<input type="checkbox"/> Off Campus Duty	Name of Training: _____ Location: _____ Date: _____ Start Time: _____ End Time: _____									

**Identify Relationship if requesting Funeral Leave: _____ Dates: _____

FUNERAL LEAVE:

Per District Policy DEC(LOCAL), regular employees eligible for the comprehensive leave program may receive funeral leave and be absent without loss of pay and without deduction from their accrued leave in the case of death of a spouse, child, parent, current parent-in-law, or any person residing in the employee's home at the time of death, for a period not to exceed three days per occurrence. **If an employee needs to take additional days off beyond the three days or needs to take time off for other funerals, this time off is charged to the employee's accrued leave balance as identified.**

STATE SICK LEAVE:

For employee with time accumulated prior to 1995 under the former Section 13.904(a) of the Education Code.

FAMILY AND MEDICAL LEAVE:

Per District Policy DEC(LOCAL), employees who request a leave of absence under the Family and Medical Leave Act for their serious health condition or that of a family member must provide the District with documentation from the health care provider which supports their request for such leave. For more details see Board Policy DEC(LEGAL) and DEC(LOCAL). Such written certification should be provided in advance or at the start of the leave. The certification form can be obtained from the HISD Website at www.houstonisd.org under Human Resources Department to be completed and submitted to the employee's appropriate HR Generalist.

ASSAULT LEAVE: Any employee requesting assault leave should contact their supervisor immediately and file a worker's compensation claim. See District Policy DEC(LEGAL).

Employee Signature: _____	Date: _____
Principal/Supervisors Signature: _____	Date: _____
Leave Status: _____ Approved _____ Disapproved	