

HART INDEPENDENT SCHOOL DISTRICT ABSENCE FROM DUTY REPORT

Employee:		Campus	
Begin Leave Date		End Leave Date:	
Nature of Illness (circle one): sick personal other			
Statement of facts concerning this leave:			
State Personal Leave	Sick or Personal	No \$ Dock	
State Sick Leave	Sick Only	No \$ Dock	
Local District Leave	Sick or Personal	No \$ Dock	
Full Day Pay Reduction	All Eligible Days Used	\$ \$ Docked	
School Business - Explain			
Total Days			

Date Signed:		Employee Signature:	
Supervisor's Signature		Superintendent's Signature	

Substitute Name	Substitute Signature	Date Substituted