

**YORKTOWN INDEPENDENT SCHOOL DISTRICT
APPLICATION FOR APPROVAL OF ABSENCE FROM DUTY
SICK LEAVE**

EMPLOYEE: _____ SS# _____ CAMPUS: _____

Application is hereby made for approval of absence from duty for the period:

Beginning date: _____ Ending date: _____ Total days absent _____
Nature of illness, emergency leave, school leave, etc. and/or facts concerning the above absence from duty _____

ILLNESS/DR.APPT: Self __ Child __ Other(Relationship) _____

WORKSHOP: RIII# _____ Type(Science, Math, etc.) _____

PERSONAL LEAVE _____ FUNERAL/FAMILY-WHAT RELATIONSHIP _____

FUNERAL/FRIEND _____ OTHER: _____

I hereby certify that the foregoing statement is true and correct.

Date _____ Employee's Signature _____

Principal's/Supervisor's Signature

Superintendent's Signature

NOTE: Each employee must submit an absence from duty report immediately after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of five(5) or more continuous work days. This statement should appear either on this form or be attached securely hereto.

	<u>STATE</u>	<u>LOCAL</u>	<u>SCHOOL</u>	<u>PERSONAL LEAVE</u>
Approved Absence:	_____	_____	_____	_____
Disapproved Absence:	_____	_____	_____	_____
REASON FOR DISAPPROVAL:				
Out of Sick Leave:	_____	_____	_____	_____
Other:	_____	_____	_____	_____
AMOUNT TO BE DEDUCTED:	\$ _____	\$ _____	\$ _____	\$ _____

SUBSTITUTES EMPLOYED

<u>NAME</u>	<u>SOCIAL SECURITY NO.</u>	<u>DATE/#OF DAYS WORKED</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____