

North Zulch ISD

PO Box 158, North Zulch, TX 77872
Phone (936) 241-7100 • FAX (936) 241-7093

Alan Andrus
Superintendent of Schools
aandrus@nzisd.org

Janie Pope
Principal
jpope@nzisd.org

Pete Martinez
Assistant Principal
pmartinez@nzisd.org

ABSENCE FROM DUTY

- For discretionary leave, this form must be submitted for approval prior to the time you are requesting to be absent from duty. Form must be submitted immediately upon return for all other leave.
- Absences of **5** more consecutive days for personal or family illness must have a written statement from a health care practitioner attached.
- Employees requesting or reporting extended leave of more than 5 days must schedule a conference with the personnel office.
- Leave requests will be granted in accordance with board policy DEC.

Name:		Position:	
Department/campus:		Date:	
Reason for absence	Date(s) of Absence	Total Days Absent	
<input type="checkbox"/> Personal illness or medical appointment Is the illness or injury work-related? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> Illness or medical appointment in the family <i>Specify relationship:</i>			
<input type="checkbox"/> Death in family <i>Specify relationship:</i>			
<input type="checkbox"/> Emergency <i>Specify:</i>			
<input type="checkbox"/> Personal business			
<input type="checkbox"/> Leave to care for a newborn child or for placement of a child			
<input type="checkbox"/> Jury Duty or Subpoena (<i>attach copy of summons</i>)			
<input type="checkbox"/> Workshop (<i>attach documentation or fill out info below</i>) Workshop NAME or Topic: _____ Location: _____ Cost: _____			
Employee signature		Date	
Principal/supervisor signature		Date	
Leave status: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
For office use only: Category and amount of leave recorded:			
<input type="checkbox"/> State leave _____ days <input type="checkbox"/> Family and medical leave _____ days <input type="checkbox"/> Local leave _____ days <input type="checkbox"/> Extended sick leave _____ days <input type="checkbox"/> Temporary disability _____ days <input type="checkbox"/> Other: _____			
Notice provided to employee: <input type="checkbox"/> FMLA <input type="checkbox"/> Worker's compensation			