

**WINDHAM SCHOOL DISTRICT
EDUCATION DEPARTMENT**

7.11-1.6-1
(09-03-96)

ABSENCE FROM DUTY REPORT

EMPLOYEE _____ SSNO: _____

UNIT _____ ASSIGNMENT _____

CAUSE OF ABSENCE (PLEASE X ONE THAT APPLIES)

- | | |
|--|---|
| <input type="checkbox"/> PERSONAL ILLNESS | <input type="checkbox"/> DISCRETIONARY DAY
(Approved IOC attached) |
| <input type="checkbox"/> ILLNESS IN IMMEDIATE FAMILY | <input type="checkbox"/> JURY DUTY |
| <input type="checkbox"/> DEATH IN FAMILY _____
(relationship) | <input type="checkbox"/> COMP DAY TAKEN |
| <input type="checkbox"/> FAMILY EMERGENCY (explanation attached) | <input type="checkbox"/> MILITARY LEAVE |
| <input type="checkbox"/> OTHER (explanation attached) | <input type="checkbox"/> FMLA |
| <input type="checkbox"/> WORKER'S COMP RELATED ABSENCE | |

Date(s) of Absence: _____ Number of Days: _____

Signature of Employee

Signature of Immediate Supervisor

FOR PRINCIPAL OR IMMEDIATE SUPERVISOR'S USE ONLY

Total number of Absence From Duty Reports submitted this year: _____

Total number of days absent this year: _____

COMMENTS: _____

NOTE: EACH EMPLOYEE MUST SUBMIT AN ABSENCE FROM DUTY REPORT IMMEDIATELY AFTER RETURNING TO DUTY. A WRITTEN STATEMENT FROM THE ATTENDING PHYSICIAN MUST BE SUBMITTED FOR AN ABSENCE OF MORE THAN 3 CONSECUTIVE WORKDAYS.

Distribution: Original: WSD PERSONNEL
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