

De Leon ISD Absence From Duty Report

Type in all required fields, save, and Email to your supervisor.

Personal Information

Name

Position

Department/Campus

Supervisor

Date

Reason for Absence

Reason for Absence

Date(s) of Absence

Total Hours Absent

For Office Use Only

**Principal/Supervisor
Signature**

Date

Leave Status

Approved

Disapproved

Category and amount of
leave recorded:

State personal leave ____ hours

Local leave ____ hours

Temporary disability ____ days

State sick leave ____ hours

Family and medical leave ____ hours

Assault leave ____ hours/days

Other:

Notice provided to employee:

FMLA

Workers' compensation election to use paid leave