

ABSENCE FROM DUTY FORM

LOOP ISD 2021-2022

Employee Name:	ID#:	Position:	
Absence Reason Code:	Date(s)/Reason	Indicate Length of Absence:	
<input type="checkbox"/> PL – State Personal		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> PD – Prof. Development		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> AT – Approved Trip (School Only)		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> JD – Jury Duty		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> CT – Comp Time		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> OT - Other		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
<input type="checkbox"/> LL – Local Leave		1/2 <input type="checkbox"/>	Full Day <input type="checkbox"/>
	Total Days Absent		

Employee Signature: _____

Supervisor Signature: _____ Verified

Substitute Information:

Substitute Info Covered # Days Worked: _____

Indicate full or half days worked (Example: 1.0, 1.5, 0.5 etc.) Check – AM-PM or Both

Name: ID#:	Date(s):	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BOTH
Name: ID#:	Date(s):	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BOTH
Name: ID#:	Date(s):	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BOTH
Name: ID#:	Date(s):	<input type="checkbox"/> AM	<input type="checkbox"/> PM	<input type="checkbox"/> BOTH

TOTAL DAYS WORKED Verified

Substitute Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____