



Aransas Pass Independent School District

Absence from Duty Report

- Absences of more than 3 consecutive days for personal or family illness must have a written statement from health care practitioner attached.
- Leave requests will be granted in accordance with board policy DEC.

Name:	Position:
Campus:	Today's Date:

As available, which type of leave do you choose to use:		
State Personal (any reason)	Local Leave (any reason)	
Reason for Absence	Date(s) of Absence	Total Hrs Absent
Personal illness or medical appointment Is illness or injury work related? Yes No		
Illness or medical appointment in family <i>Specify relationship:</i>		
Death in family <i>Specify relationship:</i>		
Family and medical leave (care for a newborn child, placement of a child, qualifying exigency, etc.)		
COVID-19 Related <i>Reason:</i>		

Other Leave	Date(s) of Absence	Total Hrs Absent
Personal Business (attach copy of leave request)		
Jury Duty or Subpoena (attach documents)		
School Related (specify)		
Staff Development (attach documentation)		
Vacation / Non-Contract Days		
Other		

Employee Signature:	Date Signed:	
Principal / Supervisor Signature:	Date Signed:	Approve Disapprove