

Commerce Independent School District

Absence from Duty Report for All Employees

Employee: _____ Campus: _____

Date(s) Absent: _____

REASON FOR ABSENCE

Local Sick Leave
(Personal or family) _____

State Personal Leave _____

State Sick Leave
(Accumulated prior to June 1995) _____

School Business
(State type of business) _____

Jury Duty
(Must provide Court Document) _____

Non-Duty
(Administrators only) _____

Assault leave _____

Total days absent: _____

*Immediate family includes: (Local & State Sick Leave) Spouse, son or daughter (including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands in *loco parentis*), parent, stepparent, parent-in-law, or other individual who stands in *loco parentis* to the employee, sibling, stepsibling, and sibling-in-law, grandparent and grandchild or any person residing in the employee's household at the time of illness or death.

I certify that the information on this report is true and correct: _____
Employee's Signature

Name of Substitute: _____ Total Days: _____

Principal's Signature: _____