

Frenship Independent School District

ABSENCE FROM DUTY REPORT

Must be Completed & Submitted within 2 days of returning to work

Name _____ Employee ID # _____
 Campus _____ Teacher/Prof Para Professional Select One

Leave is granted in accordance with board policy DEC. Leave will be used in the order below unless otherwise requested.

1. Comp Time 2. Local Leave (personal or sick) 3. State Leave (personal or sick)

ONLY ONE WEEK AT A TIME PER FORM

Reason for Absence	Date(s) of Absence	# of Days Absent	Description
Personal or Family illness or medical appointment: Local _____ State _____			Please specify relationship if illness is family Self _____ Family _____
Personal Leave: 5 days notice required with Supervisor approval. Local _____			Leave for personal reasons without loss of pay per DEC(LOCAL). Discretionary leave may not be taken for more than 3 consecutive days unless approved in writing by Michelle McCord, Asst Supt of Admin Services
Death in immediate family (Specify relationship)			Maximum of 3 days to be used for death in immediate family.
Jury Duty (Attach a copy of certificate of attendance)			After release from Jury Duty you will be expected to return to work with signed release document <i>** if released before noon **</i>
Staff development (List Specific Training Attended)			List Training: _____ Example: Region 17
Compensatory Time			Will be taken first if available per FISD Comp Policy
Non-Duty Days			226 day employees only
Assault Leave			Taken per DEC(LEGAL)
Other: (Specify) <u>Use only if attendance is required by Principal/Supervisor</u>			Extra Curricular Act: _____ Examples: Sporting Events, Music, Band, AG and Etc..

Name of Substitute	Date(s) Worked	Total # of Days	Daily Rate (OFFICE USE ONLY)	Employ Sub Again? (Evaluate on back)	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

Account Code to Be Charged

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____

SUBSTITUTE EVALUATION

Substitute Name	Date of Assignment		
Teacher Name	Campus		
Classroom/Subject			
1. Classroom conditions / order	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
2. Class Assignments completed	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
3. Other employees' response to substitute	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
4. Students' response to substitute	Excellent	Fair	Unsatisfactory
*Explain _____ _____			
Comments _____ _____ _____ _____			

Teacher Signature _____ Date _____

Principal Signature _____ Date _____