

Riviera Independent School District

ABSENCE FROM DUTY REPORT

Employee: _____

Work Site: _____

Cause of Absence: _____

Date(s) of Absence: _____

Number of Days Absent: _____

Signature of Employee

DO NOT WRITE IN THIS SECTION - FOR OFFICE USE ONLY

State	Leave	Days	Local	Leave	Days
02 - Old	Sick Leave	_____	01 - Local	Sick Leave Only	_____
03 - New	Personal	_____	OAFP	Out At Full Pay	_____

Name of Substitute: _____

Date(s) _____

Comments: _____

Date

Signature of Supervisor