

San Angelo Independent School District

**LEAVE REPORT**

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_ Campus/Dept \_\_\_\_\_

Clerical/Paraprofessional       Technology       Manual Trades

Leave is granted in accordance with policy DEC. You may elect the order in which you use leave. The leave you elect must coincide with the reason for your absence. If you do not make an election on this form or if the leave you elect does not have a balance, the district will apply available leave in the order below, as applicable. Your election will only be accepted on this form and **you may not change your election after the form is submitted.**

**1. State Sick Leave (prior to 1995-96)** - Used for personal illness, illness of or death in immediate family or family emergency.

**2. Local Sick Leave** - Used for personal illness, illness of or death in immediate family or family emergency.

**3. State Personal Leave - Discretionary or Non-Discretionary**

*Non-discretionary* - Used for personal illness, illness in or death of immediate family or family emergency.

*Discretionary* - Taken at employee's discretion, subject to limitations. Written request to supervisor 3 days in advance required.

▪ If you are absent more than five consecutive workdays for personal illness or illness in immediate family – medical certification is required.

▪ If you are absent more than three days on extended leave (as related to FMLA) – you must notify Kathy Jordan at 947-3838 x789.

Check	<b>EMPLOYEE'S ELECTION OF LEAVE</b> You may elect the leave you wish to take – check appropriate box. Reason for absence must meet the criteria outlined above.
	<b>State Sick Leave (prior to 1995-1996)</b>
	<b>Local Sick Leave</b>
	<b>State Personal Leave - Non-discretionary</b>
	<b>State Personal Leave - Discretionary - Required written request to supervisor 3 days in advance</b>
	<b>Assault Leave</b>

Reason for Absence	Date(s) of Absence	# Hours
<input type="checkbox"/> Personal illness or medical appointment		
<input type="checkbox"/> Family illness or family medical appointment – Specify relationship:		
<input type="checkbox"/> Death in family – Specify relationship:		
<input type="checkbox"/> Personal business – <i>Three days notice required.</i> Date of written request:		
<input type="checkbox"/> Jury duty – Attach copy of summons (required)		
<input type="checkbox"/> Professional Learning – Title: Funding Source: Budget Code:		
<input type="checkbox"/> Other – Specify: Budget Code:		

	Substitute Name	Sub ID#	Date(s) Worked	AM/PM	# Hours
<b>M</b>					
<b>T</b>					
<b>W</b>					
<b>Th</b>					
<b>Fr</b>					

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal or Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_