COMPENSATION BENEFITS: LEAVES AND ABSENCES

NAME OF EMPLOYEE

DEC (EXHIBIT-1)

1050-54b

ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

ABSENCE FROM DUTY
REQUEST/___REPORT

CAMPUS/DEPARTMENT FORM

_DATE SUBMITTED_____

TYPE OF LEAVE ABSENCE	No. of days	DAYS REQUESTED Dates **explanation required**	L-local sick leave S-state sick leave (old) P-state personal leave	No. Of days approved/initial
1. Personal Illness (1)				
2. Illness in Family (2)	1			
3. Bereavement (immediate family)		Dates: Relationship:		
4. Bereavement (2 nd degree) (5)		Dates: Relationship:		
5. Personal (3)				
6. Maternity				
7. Family Emergency (4) (natural disasters/life-threatening situation)				
8. Adoption (5)				
9. Workers' Compensation				
10. Civic Leave	<u> </u>		(Jury Duty, Subpoena, Election Judge)	
11. Perform Public Duty			(Elected Official)	
12. Administrative Leave (6)				
13. Military Leave				
14. Personal Leave - Loss of Pay				
15. Injury by Assault				
16. Professional Development		Title: Destination: Financial Arrangement: Date of Departure: Date of Return:	Time:	
17. Extracurricular		Purpose:		
18. Vacation			(12-month employees only)	
			Approve	Reject

Each employee must submit an absence from duty report immediately after returning to duty. Forms for personal leave and vacation need to be submitted for approval prior to absence.

Leave types 9-18 do not reduce leave balances.

- (1) Employee must provide a doctor's verification of illness and fitness to return to work if absences are 5 or more consecutive days.
- (2) Employee must provide verification of illness if absences are 5 or more consecutive days.
- (3) Can only be deducted from state personal leave.
- (4) Can only be deducted from state sick leave or personal leave.
- (5) Can only be deducted from local leave.
- (6) Superintendent's approval required

Revised 10/30/03