

PLEASE CHECKMARK ONE OF THE FOLLOWING: Bi-Weekly _____ Monthly _____

MERCEDES INDEPENDENT SCHOOL DISTRICT
ABSENCE from DUTY REPORT

CAMPUS/DEPT: _____ DATE FROM: _____ TO: _____

| SOCIAL SECURITY NUMBER | LEGAL NAME | DATE | AM PM ALL DAY | CODE (HR USE) | REASON (ATTACH DOCUMENTATION) | SUBSTITUTE (SPECIFY NAME IF APPLICABLE) |
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NOTE: Each employee must complete an Absence from Duty Report immediately after returning to duty.
Attach proof of absence (Professional Development, Physician, Email, Jury Duty, etc. as applicable).

Total Absence Days _____

Employee Signature _____

Administrator Signature _____

HR USE ONLY:

Account Number _____ Daily Rate _____