KILLEEN INDEPENDENT SCHOOL DISTRICT

Employee Absence Request Form

EACH EMPLOYEE MUST SUBMIT AN ABSENCE REQUEST FORM IMMEDIATELY AFTER RETURNING TO DUTY, EXCEPTION: FOR A PERSONAL LEAVE REQUEST, THE ABSENCE REQUEST FORM MUST BE APPROVED BY THE SUPERVISOR PRIOR TO THE DAY(S) REQUESTED.

Absence Information

Employee Name: _____ **Campus:** _____CTE_____ **Date:** _____

Type of Absence:

☐ **Sick**[1] ☐ **Sick Family**[2] ☐ **Personal Discretionary**[3] ☐ **Bereavement**[4]

☐ **Jury Duty**[5] ☐ **Auxiliary Comp**[6] ☐ **Vacation/Non-Duty**[7] ☐ **Professional**[8]

Date of Absence(s): _____ **Days Total:** _____

☐ **Full Day (8 Hours)** ☐ **Half Day (4 Hours)**

You must submit requests for absences, other than sick leave, 48 hours prior to the first day you will be absent using the Employee Absence Request form. KISD is not responsible for ensuring you have sufficient days available to cover requested days off. Excessive absences will result in disciplinary action.

1-Sick: Personal illness or medical appointment.

2-Sick Family: Personal illness or medical appointment in immediate family.

3-Personal Discretionary: The supervisor may disapprove a request for personal leave if the employee's presence is necessary for that period of time. Maximum number of days used per work year: five days. Taking disapproved days will result in administrative actions up to and including termination.

4-Bereavement: Death in immediate family only. Shall not exceed seven workdays per occurrence.

5-Jury Duty: Verification required.

6-Auxiliary Comp: Nonexempt employees are not authorized to work beyond their normal work schedule without advance approval from their supervisor.

7-Vacation/Non-Duty: Must be used in the year that they are earned.

8-Professional: Destination _____ **Purpose:** _____

Received by secretary: Date: _____ Time: _____

Supervisor Approval

☐ **Approved** ☐ **Denied**

Comments:

_____

Supervisor Signature: _____ Date: _____

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