

WEATHERFORD INDEPENDENT SCHOOL DISTRICT

AUXILIARY REPORT OF ABSENCE

Name: _____ SS#: XXX – XX - _____

Date of Absence: _____ or Dates of Absences: _____

Total # of Days: _____ Reason: _____

Notice: *A doctor's certification is required for personal or family illness in excess of 3 days. After the 6th day of extended illness you may be eligible for Family Medical Leave (FMLA) – FMLA provides employees up to 12 weeks of unpaid, job-protected leave to eligible employees. Please contact the WISD Human Resources department for additional information and to determine eligibility. Information is also available in the Employee Handbook or on the WISD Human Resources department web page.*

Order of Use: Board Policy DEC (Local) states: “Unless an employee requests a different order, available paid state and local leave shall be used in the following order, as applicable: 1. Local leave. 2. State sick leave accumulated before the 1995–96 school year. 3. State personal leave.”

If you elect to designate a different order please indicated below.

- Local Leave State Sick Leave State Personal Leave Vacation
 Jury Duty School Business Other _____

Employee Signature

Date

Approved Denied

Supervisor Signature

Date