

**WEATHERFORD INDEPENDENT SCHOOL DISTRICT
REPORT OF EMPLOYEE ABSENCE**

Social Security Number _____

Name _____ Campus _____

Cause of Absence _____

Date(s) of Absence _____ Number of Days Absent _____

Approved _____ Disapproved _____

Signature of Employee

**REPORT OF SUBSTITUTE OR EXTRA HOURS OF REGULAR EMPLOYEE
OR HOURS WORKED BY PART TIME EMPLOYEE**

Name	Date(s)	Hours	OR	Days
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

NOTE: Personal or family illness
in excess of five days
requires a doctor's certification.

Signature of Supervisor

FOR BUSINESS OFFICE USE ONLY

State Leave: _____

Local District Leave: _____

Personal Leave: _____

Days Absent Which Do Not Affect Accrued Sick Leave

School Activity _____ Jury Duty _____ Other _____

DEDUCTION: (_____ Day(s) @ _____)

<u>Budget Code Distribution</u>	<u>Rate of Pay</u>	<u>Total Earned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____