

Salttillo ISD

Employee Absence from Duty

Employee: _____

P/P Ending: _____

BUSINESS OFFICE USE

Date(s)	1/2 day	full day	Code	Substitute	BUSINESS OFFICE USE	
					EMP #	AMOUNT PD

Code	
01	Personal
02	Local Leave
03	Illness
04	Staff Development
05	School Business
06	Family Illness
07	Jury Duty
08	Death
10	FMLA Leave

Comments: _____

 Employee Signature

 Supervisor Signature

BUSINESS OFFICE USE ONLY	
Date Paid _____	Check # _____
Employee # _____	Amount _____

