

MESQUITE INDEPENDENT SCHOOL DISTRICT
Employee Absentee Report

Name _____ Location _____

Employee ID# _____ **Number of Days** _____

Date(s) Absent _____ Job Title _____

PLEASE CHECK ONE OF THE FOLLOWING:

- _____ (1) Personal illness (Five or more days may require physician's statement)
- _____ (2) Family illness (Days will be charged against accumulated sick leave and
- _____ (3) Death in Family (Circle One: Spouse, Child, Mother, Father, Brother, Sister, Grandparent, Grandchildren, or other person residing in employee's household.)
- _____ (4) Personal business day (Five or more consecutive days please check with supervisor)
- _____ (5) School business approved by Superintendent or designee. Attach documentation allowing this absence. (Meetings, conferences, extracurricular, etc.)
- _____ (6) Staff development day (District approved-workshops, seminars, etc.)
- _____ (7) Jury duty day (Attach a copy of Summons)

I hereby certify that the foregoing statement is true and correct.

Date

Employee Signature

Administrative Signature

Substitute Teacher Information

Name _____ Address _____

SUB ID# _____ **Phone #** _____