

**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 #** \_\_\_\_\_