



**GRAND SALINE ISD**  
**APPLICATION FOR APPROVAL OF ABSENCE FROM DUTY**  
**MINIMUM FOUNDATION PROGRAM SICK LEAVE**



Employee Name \_\_\_\_\_

Application is hereby made for approval of absence from duty for the period:

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_ Total Days Absent \_\_\_\_\_

PLEASE CIRCLE ONE      SICK                  PERSONAL                  ADM

Facts concerning the above absence from duty \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

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

Date \_\_\_\_\_

\_\_\_\_\_  
 Employee's Signature

\_\_\_\_\_  
 Signature of Principal/Superintendent

\_\_\_\_\_  
 Signature of Attending Physician or Practitioner

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

NOTE: Each employee must submit an Absence from Duty Report immediately after returning to duty. A written statement for the attending physician or practitioner must be submitted for an absence of five (5) or more continuous work days. This statement should appear on this form or be attached securely hereto.

**Substitutes Employed**

Name

Date

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_