



George West Independent School District Absence Report

Name _____

Campus _____

Beginning Date _____

Total Days _____

REASON FOR ABSENCE: CHECK ONE (If school business, please list event or training attended.)

____ **Personal Leave**

____ **Sick Leave**

Personal leave will be deducted from local leave, then state personal leave.

Employee or family illness or Dr. Appt./Bereavement Leave will be deducted from local leave, then accumulated state sick leave, then state personal leave.

Local Leave:

Each full-time employee earns (5) days local leave per year. Unused local leave is not accumulative.

State Personal Leave:

Each full-time employee earns (5) days personal leave per year. Unused personal leave is accumulative, beginning August 14, 1995.

Accumulated State Sick Leave:

Can only be used when sick, and is governed by prior law. Refers to state sick leave accrued before May 30, 1995.

____ **School Business:** (Name of Event or Training) _____

____ **Jury Duty:**

Each employee having to serve is excused from work with full pay. Also, the employee may keep his/her jury duty compensation.

____ **Non-Duty Day:**

____ **Comp Time:** (Attach Accrued Comp Time Report)

____ **Leave without pay:**

Employee will be docked for days absent from work.

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

Employee's Signature

Date

Signature of Principal/Supervisor

Date