

**Kilgore Independent School District  
Time Off (Absence From Duty) Report**

*Electronic submission required thru Employee Access  
Dual Roll Employees Must Submit this Form to Secondary Position Supervisor*

Name \_\_\_\_\_ Request Date \_\_\_\_\_  
 Campus \_\_\_\_\_  
 Dates of Absence \_\_\_\_\_ Number of Days \_\_\_\_\_  
 Substitute Teacher Name \_\_\_\_\_  
 Dates: \_\_\_\_\_

***Non-Discretionary***

**Description**

\_\_\_\_\_ Doctor/Dentist Appt  
 \_\_\_\_\_ Funeral-Immediate Family  
 \_\_\_\_\_ Illness-Family  
 \_\_\_\_\_ Illness-Long Term  
 \_\_\_\_\_ Illness-Personal  
 \_\_\_\_\_ Maternity Leave  
 \_\_\_\_\_ Workers Comp

***Non-Discretionary***

**Description**

\_\_\_\_\_ School Business-ARD Meeting  
 \_\_\_\_\_ School Business-Athletic Event  
 \_\_\_\_\_ School Business-Court Appearance  
 \_\_\_\_\_ School Business-Events/Trips  
 \_\_\_\_\_ School Business-Home Visits  
 \_\_\_\_\_ School Business-Other  
 \_\_\_\_\_ School Business-Workshop/Training

***Discretionary***

**Description**

\_\_\_\_\_ Funeral-Other \_\_\_\_\_  
 \_\_\_\_\_ Court Appearances -Personal

\_\_\_\_\_ Comp Time  
 (Paraprofessional only)

\_\_\_\_\_ Non Contract Days  
 (12 month employees only)

*A written statement from attending physician practitioner must be submitted for absence of 5 or more continuous workdays.*

**Discretionary (Personal) Leave** Yes \_\_\_\_\_ No \_\_\_\_\_

**Reason for Leave** \_\_\_\_\_

Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Decision Date \_\_\_\_\_

***Discretionary: Subject to limitations set below.***

**Use of and request for Discretionally Leave-**A notice of request for discretionary personal leave shall be submitted to the principal or designee 5 days in advance of the anticipated absence. Discretionary personal leave shall be granted on a first come, first served basis with a maximum of 10% of campus employees in each category permitted to be absent at the same time for discretionary personal leave. Use of discretionary personal leave shall be considered granted unless the principal or designee notifies the employee to the contrary within 72 hours of receipt of the request.

**Duration of leave-**Discretionary personal leave may not be taken for more than five (5) consecutive days, except in extenuating circumstances as determined by the superintendent.

**Schedule of Limitations-**Discretionary leave shall not be allowed on the day before a school holiday, the day after a school holiday, days scheduled for end of semester or end of year exams, days scheduled for State mandated tests or professional staff development days.

**Discretionary leave may not be taken for more than 5 days per year.**

*\*\*\*\*All employees must submit an absent from duty report form to their campus principal on the day they return to work following an absence. An absent from duty report form is required on all absences regardless of reason or duration. It is the employee's responsibility to ensure accurate information is used when completing the absent from duty form and no exceptions may be made in regards to revising the form once received by the business office.  
 Note : Electronic submission is required thru employee access.*

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_