

KENNARD INDEPENDENT SCHOOL DISTRICT

304 Hwy 7 East, Kennard, TX 75847 936-655-2161 FAX 936-655-2327

ABSENT FROM DUTY REPORT

EMPLOYEE: _____ CAMPUS: _____

DATE(S) OF ABSENCE: _____ # OF DAYS ABSENT: _____

CAUSE OF ABSENCE: _____

Check one:

- Local Sick Day State Personal Day School Business No Pay

I HEREBY CERTIFY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT.

PRINCIPAL OR SUPERVISOR SIGNATURE

DATE

EMPLOYEE SIGNATURE

DATE

DOCTOR NOTE ATTACHED FOR EXCESS OF 5 ABSENCES.

SUBSTITUTE(S) EMPLOYED

NAME:

DATE(S):
