



Runge Independent School District

600 Reiffert ~ P.O. Box 158
Runge, Texas 78151
Phone: (830) 239-4315
Fax (830) 239-4816

Employee: _____ Employee #: _____

Date(s) of Absence(s): _____

Number of Days Absent: _____

Signature of Employee

Please Indicate the Type of Leave you are Requesting:

Local Personal: _____	Non Duty Time: _____
State Personal: _____	Jury Duty: _____
State Sick Leave: _____	Workers Comp: _____
Comp Time in Hours: _____	School Business: _____
Earned or Taken (Circle One)	(Workshop # and/or Type of Business)

(Earned Comp Time Needs Attached Supervisor Approval)

Substitutes: _____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____

Supervisor Signature

NOTE: Each employee must submit an Absent from Duty Report ***IMMEDIATELY*** after returning to duty. A written statement from the attending physician or practitioner must be submitted for an absence of more than five (5) consecutive days. The statement should appear on this form or be attached securely hereto.