

# KEENE INDEPENDENT SCHOOL DISTRICT

## 2015-2016 ABSENT FROM DUTY FORM

Date: \_\_\_\_\_

Employee #: \_\_\_\_\_

Name: \_\_\_\_\_

Please turn completed form into the Payroll Dept on the 1st of each month.

- \*TYPE OF LEAVE**
- (01) - Local Personal Leave
  - (04) - Non-paid day
  - (07) State Leave (earned prior to 1994)
  - (08) - State Personal Leave
  - (11) - Jury Duty
  - (30) - School Business

DATE OF ABSENCE	1/2 DAY	FULL DAY	ABSENCE REASON (circle one)					
			01	04	07	08	11	30
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			01	04	07	08	11	30

EMPLOYEE SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_