

**FARWELL INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY REPORT**

Employee: _____ Campus: _____

Date(s) of Absence(s): _____

Total Days Absent: _____

Employee Signature: _____ Date _____

Please check type of leave:

Local / State Leave School Related Leave Comp Time Vacation

Name of Substitute _____ Date _____

Name of Substitute _____ Date _____

Name of Substitute _____ Date _____

Name of Substitute _____ Date _____

Name of Substitute _____ Date _____

Administrator Signature: _____ Date _____

Comments: