

Sands CISD
Absent From Duty

**Please fill out top portion only

Name of Teacher

Date of Absence

Number of Days Absent

Cause of Absence

Principal Approval

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Sick Leave

Local Day

Personal (State) Leave

Professional

Other School Business

OFFICE ONLY

State Days Earned

Remaining State Days

Local Days Earned

Remaining Local Days

Substitute

of Days

Total Pay

Signature of Principal_____

Signature of Employee_____

(verify, sign, and return to office)