TEAGUE INDEPENDENT SCHOOL DISTRICT
ABSENCE FROM DUTY REPORT

EMPLOYEE:_________________________________ CAMPUS:_________________________________

CAUSE OF ABSENCE:__________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

DATE(S) OF ABSENCE:___________________________________ NO. OF DAYS:_______________

______________________________________
(Signature of Employee)

PRINCIPAL’S OFFICE USE ONLY:

<table>
<thead>
<tr>
<th>NAME OF SUBSTITUTE</th>
<th>DATES</th>
<th>NUMBER OF DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

______________________________________
(Signature of Principal)

BUSINESS OFFICE USE ONLY:

"Old State Sick Leave" ______ Jury Duty ______
"State Personal Leave" ______ Dock ______
"Local Short Term Sick Leave" ______ Full Day Dock ______
School Business ______ Assault Leave ______
Comp ______

$75.00 DOCK FOR ___________DAY(S) = $_______________________

ONE-HALF DAILY RATE OF PAY DOCK (__________) x _______ DAY(S) = $_______________________

FULL DAY DOCK__________ X ______________DAY(S) = $_________________________

TOTAL AMOUNT DOCKED:$_______________________