

EASTERN PANHANDLE SHARED
SERVICES ARRANGEMENT
517 S WALL
SHAMROCK TEXAS 79079

ABSENCE FROM DUTY REPORT

(MUST BE COMPLETED AND MAILED TO EPSSA ON THE LAST WORKING DAY OF THE MONTH)

EMPLOYEE _____ DATE _____

DATE (S) OF ABSENCE	CAUSE OF ABSENCE *(SEE BELOW)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DAYS ABSENT _____

DAYS WORKED _____

TOTAL _____

SIGNATURE OF EMPLOYEE

SIGNATURE OF DIRECTOR OF SPECIAL EDUCATION

* Each employee must submit an Absence From Duty Report to the EPSSA Office on the last working day of each month. The cause of absence must be described in DETAIL as to "who was ill, "who" died, etc. PLEASE BE SPECIFIC!

** A written statement from the attending physician or practitioner must be submitted for an absence of five or more continuous work days. This statement should appear on this form or be attached securely to it.