

**Milford Independent School District Application
for Approval of Absence from Duty**

Employee: _____ Milford Campus

Application is hereby made for approval of absence from duty for the period:

Beginning Date: _____ Ending Date: _____ Days Absent: _____

Reason for absence (please circle one):

Personal Sick Workshop Other: _____

Nature of Illness and/or Statement of Facts concerning the above absence from duty:

I hereby certify that the foregoing statement is true and correct.

Employee's Signature

Principal's Signature

Approved () Disapproved ()

Superintendent's Signature

Employee must submit an absence from duty report immediately after returning to duty. A written statement from the Attending Physician or Practitioner must be submitted for an absence of three (3) or more continuous workdays. This statement should appear either on this form or attached securely hereto. When attending a workshop, please provide a copy of your course certificate to the Business Office.

Substitutes Employed

Substitute Date

Substitute Date