

**MANSFIELD INDEPENDENT SCHOOL DISTRICT  
ABSENCE FROM DUTY/SUBSTITUTE PAY REPORT  
NON-EXEMPT SUPPORT STAFF REPORT (PINK COPY)**

**Please Complete In Full:**

Emp #:	# Contract Days:	Name:	Campus:
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**Pay Period:**

Date	21	22	23	24	25	26	27	28	29	30	31	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
Days																																
Reason																																
Sub ?																																

**Reason For Absence:**

**For Your Information:**

<b>Discretionary Personal Business</b> 1a – local leave 1b – state leave <b>Personal Sick Leave</b> 2a – local leave 2b – state leave 2c – state sick leave <b>Immediate Family Illness</b> 3a – local leave 3b – state leave 3c – state sick leave <b>Immediate Family Death</b> 4a – local leave 4b – state leave 4c – state sick leave 5 – Workers’ Compensation 6 – Vacation (Hourly Employees Only)	10a – District Development 10b – Campus Development 10c – School Business 13 – Non-Duty Days (226-day employees) 14 – Jury Duty 15 – Comp Time 16 – Leave without Pay 17 – Vacancy 18 – Administrative Leave 21 – Assault Leave	<p><b>* Employee must choose which type of leave to use</b></p> <ul style="list-style-type: none"> <li>* Local Leave - days earned from MISD (5 per year – cumulative to 30 days)</li> <li>* State Sick Leave - days earned before Sept. 1995</li> <li>* State Personal Leave - days earned after Sept. 1995 (5 per year - cumulative)</li> <li>* Family/Medical Leave (FMLA) must be requested through the Benefits Department</li> <li>* Employees on jury duty must have proof <b>on file</b> at the campus.</li> </ul>
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Note: Code16 used when discretionary personal leave exceeds 3 consecutive days.  
 Discretionary personal leave must be submitted 5 days in advance of the anticipated absence and may not be taken for more than 3 consecutive days. Discretionary leave is not permitted on the first day or last day of school or the day before or after a school holiday. (DEC LOCAL)

Comments:

\*\*If leave choice is exhausted, available leave will be used.

**Substitute Information:**

Date	H/F	Name	Emp #	FOR OFFICE USE ONLY	Date	H/F	Name	Emp #	FOR OFFICE USE ONLY	Date	H/F	Name	Emp #	FOR OFFICE USE ONLY

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_