

Leave Affidavit

Date _____

- Complete Form Iif absence is due to personal illness
- Complete Form II.....if absence is due to illness of a member of your immediate family
- Complete Form III.....if absence is due to a Personal Day or Vacation Day
- Complete Form IV.....if absence is due to school business
- Complete Form V.....if absence is due to Emergency Leave
- Complete Form VI.....if absence is due to Military/Disaster Services Leave

FORM I

I certify that my absence on _____ was due to a personal illness of such nature and severity that I was unable to be present to attend to my duties on the day(s) listed above.

Signature

FORM II

I certify that my absence on _____ was due to the illness of _____, a member of my immediate family. I further certify that the illness was of such nature and severity that it required my presence and thus prevented me from being present to attend to my duties on the day(s) listed above.

Signature

FORM III

I certify that my absence on _____ was due to a personal day.

I certify that my absence on _____ was due to a vacation day(s). (Vacation days apply to classified staff twelve (12) month employees.)

Signature

FORM IV

I certify that my absence on _____ was due to the following school business:

_____.

This was approved by _____
Signature of Superintendent or Principal

Signature

FORM V

I certify that my absence on _____ was due to an emergency and that I have submitted a letter to the Superintendent asking for approval of emergency leave. (See Board Policy for Emergency Leave Procedure)

Signature

FORM VI

Military/Disaster Services Leave: Granted under the terms of policies 03.1238/03.2238. Dates of leave: _____

Signature

AN AFFIDAVIT MUST BE SUBMITTED WITH THE PRINCIPAL'S PAYROLL REPORT FOR ALL ABSCENCES.

Superintendent/Principal's Signature

Date