

Leave Request Form And Affidavit

NAME: _____	LOCATION: _____
DATE SUBMITTED: _____	

PERSONAL LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1231/03.2231. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

SICK LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.(SEE NEXT PAGE FOR AFFIDAVIT THAT MAY BE REQUIRED)

DATE(S) OF SICK LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

CHECK ONE: EMPLOYEE'S ILLNESS ILLNESS OF FAMILY MEMBER MOURNING

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY? YES NO

MATERNITY/ADOPTION/CHILDREARING LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.

ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED

PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ UNPAID MATERNITY LEAVE

PAID ADOPTION LEAVE, (NOT TO EXCEED 30 DAYS) NUMBER OF SICK LEAVE DAYS _____

UNPAID CHILDREARING LEAVE

JURY LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.

DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMPLOYEE WILL SIGN OVER COURT-ISSUED JURY PAYCHECK TO DISTRICT.

EMPLOYEE WILL REIMBURSE DISTRICT FOR ANY JURY PAY RECEIVED.

MILITARY/DISASTER SERVICES LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 03.1238/03.2238. (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMERGENCY LEAVE: REQUESTED UNDER THE TERMS OF POLIES 03.1236/03.2236 (SEE NEXT PAGE FOR REQUIRED AFFIDAVIT)

DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

BEREAVEMENT DISASTERS COURT/LEGAL OTHER, SPECIFY: _____

IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PURSUANT TO POLICY?

YES NO

VACATION DAYS: REQUESTED UNDER THE TERMS OF POLICY 03.222*CLASSIFIED.

DATE(S) OF VACATION DAYS: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Signature

Employee Name (please print)

Date

Signature of Principal/Director

Date

Signature of Superintendent

Date

Leave Request Form And Affidavit

A personal affidavit is required for the use of personal leave, the use of emergency leave, and the use of sick leave for the purpose of mourning a member of the employee’s immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician’s certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

**LEAVE AFFIDAVIT
(KRS 161.152, KRS 161.154, KRS 161.155)**

Comes the affiant, _____, after being duly sworn, and states as follows:

I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

- Sick leave based on personal illness Date(s): _____
- Sick leave to attend to an immediate family member*, who was ill Date(s): _____
- Sick leave to mourn the death of an immediate family member* Date(s) _____
- Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date: _____
- Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236
 - Bereavement Disasters Court/Legal Other, specify: _____

Affiant’s Signature

Date

Affiant’s Name (Print or Type)

Subscribed and sworn to before me this _____ day of _____, 2_____

Notary Public: _____, _____ County, Kentucky

My Commission Expires: _____

*Immediate family member shall mean the employee’s spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse’s parents, grandparents, and spouse’s grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employee’s home.