

Leave Affidavit

BC-007	Form F-SL-1
Name _____	
Date of Absence: _____	
Nature of Illness: _____ _____	
<p>I do solemnly swear that on the above-mentioned date I was unable to perform my school duties and apply for EXCUSED SICK LEAVE in compliance with provisions of Section 161.155 KRS.</p>	
Signed: _____	
Subscribed and sworn to before me this _____ day of _____ 20_____.	
Notary Public, _____, _____ Co., Ky.	
My Commission Expires: _____	
Confirmed by: _____, Attending Physician	

(For <u>SICK DAYS</u> see other side)	FORM BC-PL
NAME _____	
DATE OF ABSENCE: _____	
NATURE OF ABSENCE: _____ _____	
IS THIS A PAY DEDUCTED DAY? YES _____ NO _____	
SIGNED: _____	
NAME OF SUBSTITUTE: _____	
BUDGET TO BE PAID FROM: _____ ORG: _____	
BUDGET COORDINATOR'S SIGNATURE: _____	

Review/Revised:6/21/01