



UNPAID LEAVE/DEDUCT AFFIDAVIT

Employee Name: _____

Employee Number: _____

Location: _____

I, _____, have exhausted all personal, sick and/or emergency leave time (as per board policy) and have taken deduct day(s) on _____

My reason for this absence is _____

I understand that by taking deduct time, it could affect my retirement service credit.

Employee Signature

Date

Approval: Principal _____ Date _____

Secretary _____ Date _____

Superintendent _____ Date _____

7/1/2015

*Please print this form on yellow paper