

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(s): _____
- ☐ - 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
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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.

Review/Revised:7/22/2019

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 BIRTH OR 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 PAY CHECK 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.**

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

☐ **EMERGENCY LEAVE: REQUESTED UNDER THE TERMS OF POLICIES 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

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

Employee's Signature

Date

Superintendent/designee's Signature Approving Leave as Requested

Date