

**Leave Affidavit**

Printed Name: \_\_\_\_\_

Signature \_\_\_\_\_

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

<p><b><input type="checkbox"/> Sick Leave</b></p> <p>Date(s) of Sick leave: _____</p> <p>Total Days _____</p> <p>Substitute Needed <input type="checkbox"/></p> <p>Check one:</p> <p><input type="checkbox"/> Employee's illness</p> <p><input type="checkbox"/> Illness of family member</p> <p><input type="checkbox"/> Mourning</p> <p>Is sick leave used for emergency leave purposes, per policy?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b><input type="checkbox"/> Personal Leave</b></p> <p>Date(s) of Personal leave: _____</p> <p>Total Days: _____</p> <p>Substitute Needed <input type="checkbox"/></p>	<p><b><input type="checkbox"/> Professional Learning</b></p> <p>Date(s) of Professional Learning: _____</p> <p>Total Days: _____</p> <p>Check One:</p> <p><input type="checkbox"/> Substitute Needed</p> <p><input type="checkbox"/> In-District</p> <p><input type="checkbox"/> Out-of-District</p>	<p><b><input type="checkbox"/> Maternity/Adoption/Childrearing Leave</b></p> <p>Estimated date(s) of leave _____</p> <p>to _____</p> <p>Substitute Needed <input type="checkbox"/></p> <p><input type="checkbox"/> paid maternity leave /number of sick leave days _____</p> <p><input type="checkbox"/> unpaid maternity leave</p> <p><input type="checkbox"/> paid birth or adoption leave, not to exceed 30 days/number of sick leave days _____</p> <p><input type="checkbox"/> unpaid childrearing leave _____</p>
<p><b><input type="checkbox"/> Jury Leave</b></p> <p>Date(s) of Jury leave: _____</p> <p>Total Days: _____</p> <p>Substitute Needed <input type="checkbox"/></p> <p><input type="checkbox"/> Employee Signs Over Court-Issued Jury Duty Check.</p> <p><input type="checkbox"/> Employee Reimburses District.</p>	<p><b><input type="checkbox"/> Emergency Leave</b></p> <p>Date(s) of Emergency leave: _____</p> <p>Total Days: _____</p> <p>Substitute Needed <input type="checkbox"/></p> <p><input type="checkbox"/> Bereavement      <input type="checkbox"/> Disasters</p> <p><input type="checkbox"/> Court /Legal</p> <p><input type="checkbox"/> Other, specify: _____</p> <p>Is sick leave being used for emergency leave purposes, per policy?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p><b><input type="checkbox"/> Leave Without Pay</b></p> <p>Requests for leave without pay shall be made in writing and submitted to the Superintendent for approval.</p> <hr/> <p><b><input type="checkbox"/> Non-Contract Day</b></p> <p>Date(s) of Non-Contract leave _____</p> <p>Total Days _____</p>	<p><b>Project Manager's Signature</b></p> <p>_____</p> <p><b>Date</b></p> <p>_____</p> <hr/> <p><b>Superintendent/designee's Signature</b></p> <p>_____</p> <p><b>Date</b></p> <p>_____</p> <hr/> <p><b>Employee #</b> _____</p> <p><b>Org</b> _____</p> <p><b>Object</b> _____</p> <p><b>Project</b> _____</p>