



UNPAID LEAVE/DEDUCT AFFIDAVIT

Employee Name: _____

Employee #: _____

Location: _____

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

My reason for this absence is _____
_____.

I understand that by taking deduct time it could affect my retirement service credit and this document will be placed in my personnel file.

Employee Signature

Date

Acknowledgement (not approval) Signatures:

Principal _____ Date _____

Secretary _____ Date _____

Superintendent _____ Date _____