

Leave Affidavit

THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.

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

SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.

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

CHECK ONE: EMPLOYEE'S ILLNESS ILLNESS OF FAMILY MEMBER MOURNING

IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? YES NO

MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED 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 ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS _____

UNPAID CHILDREARING LEAVE

JURY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.

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

EMPLOYEE SIGNS OVER COURT-ISSUED JURY DUTY CHECK.

EMPLOYEE REIMBURSES DISTRICT.

MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.

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

VACATION DAYS: GRANTED UNDER THE TERMS OF POLICY 03.222*(CLASSIFIED).

DATE(S) OF VACATION DAYS: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

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.

Employee's Signature

Employee Name (please print)

Date

Signature of Principal/Director

Date

Signature of Superintendent

Date

Review/Revised:6/12/14