

TROUSDALE COUNTY PERSONNEL LEAVE FORM

NAME: _____

DATE(s): _____

SCHOOL: _____

Days Absent: _____

Organization: _____

responsible for substitute payment (if applicable)

*Sick Leave

Personal Leave

Vacation

*Non-Leave/Professional Leave

*Unpaid Leave

*Bereavement

*Paid Parental Leave (Certified Staff Only)

*REASON:

*I hereby attest that the cause of absence is true and correct. I understand that a falsified statement is grounds for dismissal.

Signature _____

Employee

Sick Leave shall be defined as: illness from natural causes or accident, quarantine, or illness or death of a member of the immediate family, including the wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, son-in-law, and sister-in-law. Physicals and check-ups are allowable uses of sick leave."

Physicals and checkups are allowable uses of sick leave

A certificate from the physician ... may be required in support of any claim for sick leave.

"Non-certified employees shall present the immediate supervisor a physician's certificate after three (3) days of absences stating the reason for being absent."

Personal Leave is subject to the following conditions; 1) principal shall be given one day's notice, 2) not more than 10% of the teachers are absent per given school, 3) not during any prior established student examination period 4) not if requested on a day immediately preceding or following a holiday or vacation period.

Vacation Leave. The Director or designee shall ensure the normal educational process is not disrupted by scheduling all employee vacation leave.

Paid Parental Leave. An additional six (6) work weeks of paid leave is available to eligible employees after a birth, stillbirth, or adoption of a newly placed minor child.

Approved _____

Principal

Date: _____

Approved _____

Director

Date: _____

ALL LEAVE MUST BE SUBMITTED TO CENTRAL OFFICE ATTN: Anita Cornwell