

**SICK LEAVE ONLY**

Name \_\_\_\_\_

Date of Absence \_\_\_\_\_

I do solemnly swear that on the above mentioned date (s) I was unable to perform my duties and apply for Excused Sick Leave in compliance with the provisions of Section 161.155KRS

Signature: \_\_\_\_\_

Confirmed by: \_\_\_\_\_ Attending Physician

Sick Leave Excuses must be notarized unless signed by Physician.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

My commission Expires: \_\_\_\_\_

**SUPERINTENDENT SIGNATURE** \_\_\_\_\_

**PERSONAL LEAVE ONLY**

Name \_\_\_\_\_

Date of Absence \_\_\_\_\_ (No Explanation Necessary)

Signature \_\_\_\_\_

**VACATION OR NON-CONTRACT ONLY**

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

Date of Absence \_\_\_\_\_

Signature \_\_\_\_\_

Superintendent Signature \_\_\_\_\_

**SALARY DEDUCTION OR OFFICIALLY EXCUSED ABSENCE**

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

Date of Absence: \_\_\_\_\_

Reason for Absence-Please check

\_\_\_\_\_ Personal Business (salary deduction-non explanation necessary)

\_\_\_\_\_ Excused- Please explain

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Supervisor/ Superintendent Signature \_\_\_\_\_