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| STAFF MEMBER'S NAME | Personnel 03.123 AP.2 | DATE OF REPORT |
| DATE(S) OF ABSENCE | STAFF ABSENCE REPORT | SUBSTITUTE'S NAME |
| Complete this Section on DAY OF RETURN | | Complete this Section BEFORE ABSENCE |
| <input type="checkbox"/> Jury Duty <input type="checkbox"/> Leave Without Pay <input type="checkbox"/> Illness (see next page for affidavit that may be required) <input type="checkbox"/> Bereavement*(see next page for required affidavit) <input type="checkbox"/> Emergency*&*** (see next page for required affidavit) Other _____ Comments _____ I understand that if I have provided information that is not true, I may be subject for disciplinary action. _____ <i>Staff Member's Signature</i> _____ <i>Authorized Approval</i> <small>* Maximum of three (3) combined total per year *&*** Emergency requires approval by Superintendent</small> | <input type="checkbox"/> Professional Leave _____ <div style="text-align: right;"><i>Description</i></div> <input type="checkbox"/> School Activity _____ <div style="text-align: right;"><i>Description</i></div> _____ <div style="text-align: center;"><i>Budget code for Substitute Pay</i></div> _____ <div style="text-align: center;"><i>Budget Coordinator's Signature</i></div> <div style="text-align: center;">~OR~</div> <input type="checkbox"/> Personal Leave (see next page for required affidavit) I understand that if I have provided information that is not true, I may be subject to disciplinary action. _____ <i>Staff Member's Signature</i> _____ <i>Authorized Approval</i> | |

WHITE - FINANCE DEPARTMENT • YELLOW - SCHOOL • PINK - EMPLOYEE

**LEAVE AFFIDAVIT
(KRS 161.152, KRS 161.154, KRS 161.155)**

Comes the affiant, _____, after being duly sworn, and states as follows:
 I am submitting this request for the use of leave for the following purpose(s) (check applicable boxes); that the facts supporting the request for leave as indicated below are true and correct; and that to the best of my knowledge, information, and belief, I am qualified for the leave requested pursuant to applicable state statute and Board policy.

- Sick leave based on personal illness Date(s): _____
- Sick leave to attend to an immediate family member* who was ill Date(s): _____
- Sick leave to mourn the death of an immediate family member* Date(s): _____
- Personal leave in compliance with and subject to conditions set forth in Policy 03.1231/03.2231.
 This leave is personal in nature. Date(s): _____
- Emergency leave in compliance with and subject to conditions set forth in Policy 03.1236/03.2236
 - Bereavement Disasters Court/Legal Other, specify: _____

_____ Date
 Affiant's Signature

_____ Affiant's Name (Print or Type)

Subscribed and sworn to before me this _____ day of _____, 2____

Notary Public: _____, _____ County, Kentucky

My Commission Expires: _____

*Immediate family member shall mean the employee's spouse, children (including stepchildren and foster children), grandchildren, daughters-in-law and sons-in-law, brothers and sisters, parents, spouse's parents, grandparents, and spouse's grandparents, without reference to the location or residence of said relative and any other blood relative who resides in the employer's home.

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