

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.

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

Date(s) of personal leave: _____ Total Days: _____ Substitute Needed

PAID _____ UNPAID _____

*** Personal leave days *may not be taken* on Professional Development days or during the first two (2) weeks or the last two (2) weeks of the school year.**

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 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/Immediate Family Mourning/Immediate Family

PAID _____ UNPAID _____

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 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 _____

Paid childrearing leave

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 WORKSHOP/CONFERENCE

TITLE/SUBJECT : _____ Substitute Needed

DATE(S) : _____

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

Date(s) of jury leave: _____ Total Days: _____ Substitute Needed

EMPLOYEE REIMBURSES DISTRICT \$5.00 FOR EACH APPEARANCE REGARDLESS OF TIME SPENT.

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

Date(s) of leave: _____ Total Days: _____ Substitute Needed

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 VACATION: DATE(S) _____ **TOTAL DAYS** _____

Signature of Superintendent/Principal/Designee

Date

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 Name – PRINTED

Employee's Signature

Date