PERSONNEL

Staff Attendance/Leave Request Form and Affidavit

STAFF	'S NAME:			SCHOOL/LOCATION:						
Payrol	l Period Fr	om:			To:					
These	forms are to be con	npleted and	sent to the C	entral Office at	the time desig	nated by Cer	ntral Offic	e Personnel.		
	DATES	Days Worked	Overtime Hours	Non-Contract Day	Sick Day. (see next page for affidavit that may be required)	Personal Day (see next page for required affidavit)	Jury Duty	PD Day	NAME OF SUBSTITUTE (IF REQUESTED)	REASON FOR ABSENCE (Describe_ Example: PO- name of Conf./Training
#1										
WEEK										
	Total days for week	0	0							
2										
K #										
WEEK										
		0	0							
	Total days for week	0	0							
#3										
Week										
M						-				
	Total days for week	0	0			-				
	Total days for week	0	0							
#4										
WEEK										
WE										
-										
	Total days for week	0	0							
# 5										
WEEK										
12				1						
	Total days for week	0	0							

MONTHLY TOTALS

I understand that if I have provided information that is not true, I may be subject to disciplinary action. *All over-time must be pre-approved by Superintendent.

0

Staff Signature

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Date

Date

Principal/Designee's Signature Approving Leave as Requested

0

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PERSONNEL

A personal affidavit is required for the use of personal leave and the use of sick leave for the purpose of mourning a member of the employee's immediate family.* Either a personal affidavit or a certificate of a physician supporting the need for sick leave is required for the use of sick leave if the employee was absent due to his/her own personal illness or for the purpose of attending to an immediate family member* who was ill. If an employee who requests to use sick leave for his/her own personal illness or to attend to an immediate family member* who is ill does not submit a supporting physician's certificate, s/he must submit a supporting personal affidavit. Requirements for use of sick leave following child birth and adoption are stated in Policies 03.1233/03.2233.

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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.

 \Box - 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): _____

 \Box - Personal leave in compliance with and subject to qualifications set forth in Policy 03.1231/03.2231. This leave is personal in nature. Date(s): _____

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 employee's home.

Review/Revised:6/10/2019

03.123 AP.2

(CONTINUED)

Date
