

PERRY COUNTY SCHOOLS
Application for EMERGENCY LEAVE
All Certified and Classified Personnel

First Name: _____ Last Name: _____

Employee ID #: _____ Last four SS#: _____

School/Dept: _____ Job: _____

Date(s) of Absence: _____

I do solemnly swear that on the above date(s) I was unable to perform my duties because:

Due to the reason above, I, _____, apply for emergency leave as approved by the policies of the Perry County Board of Education.

Subscribed and Sworn to Before Me This _____ Day of _____, 20 _____

Notary Public: _____ Perry County, Kentucky

My commission expires ____/____/____

OFFICE USE ONLY:

Permissible Use of Emergency Day (Check applicable)

- Personal illness (verify that all sick leave is exhausted) (physician statement required)
- Death or funeral of a relative by blood or marriage (Specify the relationship)
- Natural disaster that causes personal loss (verified)
- Legal proceedings (court documentation required)
- Weather related transportation problems (declared by Superintendent)

Select: Approved | Denied (Reasoning: _____)

Superintendent Signature: _____ Date: _____