

**ESCAMBIA COUNTY BOARD OF EDUCATION**  
LEAVE AND SUBSTITUTE AFFIDAVIT

COST CENTER NO: \_\_\_\_\_

PAYROLL PERIOD: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE	TYPE OF LEAVE	NUMBER OF DAYS OR HOURS	SUBSTITUTE NAME	SUBSTITUTE SOCIAL SECURITY NUMBER	SUBSTITUTE SIGNATURE	EMPLOYEE INITIAL
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

TOTAL DAYS/HOURS \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_

- |                         |                          |
|-------------------------|--------------------------|
| C= COURT SUMMONS        | R= PROFESSIONAL          |
| D= DOCKING              | I= TITLE I               |
| F= FAMILY MEDICAL LEAVE | 2= TITLE II              |
| J= JURY DUTY            | 3= LOCAL (Send Check)    |
| L= LEAVE OF ABSENCE     | 4= IDEA                  |
| M= MILITARY             | 5= 21st CENTURY          |
| O= OTHER                | 6= LEA TITLE I           |
| P= PERSONAL             | V= VACATION              |
| X= PURCHASED PERSONAL   | W= ON-THE-JOB INJURY     |
| S= SICK                 | Y= PURCHASED BEREAVEMENT |
| U= ADMINISTRATIVE LEAVE |                          |

\*LEAVE EXPLANATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_