

Dawson Springs Independent School District RECORD OF LEAVE REPORT

Staff Member _____

Date(s) of Absence _____

Substitute _____ TIME IN _____ TIME OUT _____

Check appropriate reason below:

- () Sick leave
- () Personal Leave
- () Vacation
- () Scheduled Day Off
- () Holiday
- () Professional Leave, Conference, Training, or Meeting – Reason/Location: _____

Bus Drivers Only: Absent for:

- Regular Route () AM Run () PM Run
- Special Needs Route () AM Run () PM Run
- Preschool Route AM () Pickup () Dropoff
- Preschool Route PM () Pickup () Dropoff
- Vocational Route () Pickup () Dropoff

SICK LEAVE: Sick leave has been defined as the inability to perform school duties due to sickness or injury of self, spouse, children including step-children, parents, spouse's parents, grandparents, spouse's grandparents, or any other blood relative who resides in the employee's house. The Board of Education asks that discretion be used in the use of these days. Ten (10) sick days are granted annually with unlimited accumulation. Unused sick accumulated leave at retirement will be bought back at the percentage rate in place at that time.

PERSONAL LEAVE: Personal leave is defined as time off to conduct personal business, handle an emergency or personal situation. Personal Days should be approved in advance of the absence. Three (3) personal leave days are granted annually. Unused personal days will be transferred to accumulated sick leave. Personal days may not be used in lieu of Professional Development nor on the work day immediately preceding or following a holiday or break.

JURY DUTY: Any employee who serves on a jury in a duly constituted local, state, or federal court shall be granted leave with full compensation, less any compensation received as jury pay (except expense monies), for the period of his actual jury service. Employees shall reimburse the District in the amount of \$5.00 for each day of paid Jury Leave on scheduled work days. Advance notice to immediate supervisor is required.

PROFESSIONAL LEAVE: All professional leave requires prior approval of the superintendent or the superintendent's designee.

I do solemnly swear that on the above date(s), I was unable to perform my duties for the reason indicated. My absence complies with KRS 161.155 (sick leave) and DS policy 3.1231 or 3.2231 (personal leave.) I understand that personal leave may not be changed to sick leave after personal leave has been applied for. I further understand that the use of leave that is not legally acceptable is a breach of the public trust and is therefore subject to the penalties of the law, including but not limited to termination. I also understand that taking days with a zero personal or sick leave balance will result in a loss of pay, I may not fulfill my contract and I may not receive a full year of retirement service.

Staff Member Signature

Approved _____
Supervisor

Approved _____
Superintendent