

# LICENSED EMPLOYEE LEAVE REPORT

(Check One) **Personal Leave**\_\_\_\_\_ **Sick Leave**\_\_\_\_\_ **Leave Without Pay**\_\_\_\_\_ **Bereavement**\_\_\_\_\_

Personal leave requests **must** be submitted, to the Principal/supervisor, five (5) or more days prior to the leave start date, except in emergencies. Sick leave requests **must** be submitted as soon as possible after returning to work. Use a separate form for **each** substitute teacher. Completed leave reports are submitted to the County Payroll Office according to announced deadlines.

**NAME OF EMPLOYEE** \_\_\_\_\_ **LOCATION**\_\_\_\_\_

**LEAVE DATE(S)** \_\_\_\_\_

**SIGNATURE OF EMPLOYEE**\_\_\_\_\_ **Date**\_\_\_\_\_

**SIGNATURE OF PRINCIPAL/SUPERVISOR**\_\_\_\_\_ **Date**\_\_\_\_\_

1. Teachers are authorized two (2) personal leave days per year with pay. If personal days are not used, they convert to sick days at the end of the school year. Substitute teachers for these two days are paid for by the Board of Education.
2. Teachers are authorized ten (10) sick days per year with pay. There is unlimited accumulation of sick days.

**NAME OF SUBSTITUTE (Or N/A)**\_\_\_\_\_

**SOCIAL SECURITY NUMBER**\_\_\_\_\_

**ADDRESS**\_\_\_\_\_

**SUBSTITUTING DATE(S)**\_\_\_\_\_

(Check One)

\_\_\_\_\_ **Licensed Substitute**

\_\_\_\_\_ **Non-Licensed Substitute**

<b>Specify which fund to pay substitute</b>
Regular Ed _____
Special Ed _____
Federal Programs _____
Vocational _____
Individual School fund _____
Other (Specify) _____

G

Green