

- CERTIFIED & CLASSIFIED PERSONNEL -

Leave Affidavit

THE AFFIDAVIT IS ESSENTIAL FOR PAYROLL PURPOSES. PLEASE FILL OUT THE FORM WITH CARE AND RETURN IT AS DIRECTED BY THE PRINCIPAL/DESIGNEE.

PERSONAL LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1231/03.2231.
DATE(S) OF PERSONAL LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

SICK LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1232/03.2232.
DATE(S) OF SICK LEAVE: _____ TOTAL DAYS _____ SUBSTITUTE NEEDED
CHECK ONE: EMPLOYEE'S ILLNESS ILLNESS OF FAMILY MEMBER MOURNING
IS SICK LEAVE USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? YES NO

MATERNITY/ADOPTION/CHILDREARING LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1233/03.2233.
ESTIMATED DATE(S) OF LEAVE _____ TO _____ SUBSTITUTE NEEDED
 PAID MATERNITY LEAVE /NUMBER OF SICK LEAVE DAYS _____ UNPAID MATERNITY LEAVE
 PAID BIRTH OR ADOPTION LEAVE, NOT TO EXCEED 30 DAYS/NUMBER OF SICK LEAVE DAYS
 UNPAID CHILDREARING LEAVE _____

JURY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1237/03.2237.
DATE(S) OF JURY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED
 EMPLOYEE SIGNS OVER COURT-ISSUED JURY DUTY CHECK.
 EMPLOYEE REIMBURSES DISTRICT.

MILITARY/DISASTER SERVICES LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1238/03.2238.
DATE(S) OF LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

EMERGENCY LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.1236/03.2236.
DATE(S) OF EMERGENCY LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED
 BEREAVEMENT DISASTERS
 COURT /LEGAL OTHER, SPECIFY: _____
IS SICK LEAVE BEING USED FOR EMERGENCY LEAVE PURPOSES, PER POLICY? YES NO

ANNUAL/VACATION LEAVE: GRANTED UNDER THE TERMS OF POLICIES 03.122/03.222.
DATE(S) OF ANNUAL/VACATION LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

NON-CONTRACT LEAVE:
DATE(S) OF NON-CONTRACT LEAVE: _____ TOTAL DAYS: _____ SUBSTITUTE NEEDED

Superintendent/designee's Signature

Date

I hereby affirm and attest that the information I have provided is true and, under provisions of law and Board policy, qualifies me to take the leave indicated. I understand that if I have provided information that is not true, I may be subject to disciplinary action.

Employee's Name (Please Print)

Employee Number

Employee's Signature

Date