|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** |  |  | **Campus** |  |
|  |  |  |  |  |
| **Beginning Date** |  |  | **Total Days** |  |

**REASON FOR ABSENCE: CHECK ONE** (If school business, please list event or training attended.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Personal Leave** |  | **Sick Leave** |
|  | Personal leave will be deducted from local leave, then state personal leave. Employee or family illness or Dr. Appt./Bereavement Leave will be deducted from local leave, then accumulated state sick leave, then state personal leave.  |
|  | Local Leave:Each full-time employee earns (5) days local leave per year. Unused local leave is not accumulative. |
|  | State Personal Leave:Each full-time employee earns (5) days personal leave per year. Unused personal leave is accumulative, beginning August 14, 1995.  |
|  | Accumulated State Sick Leave:Can only be used when sick, and is governed by prior law. Refers to state sick leave accrued before May 30, 1995.  |
|  | **School Business:** (Name of Event or Training) |  |
|  | **Jury Duty:** Each employee having to serve is excused from work with full pay. Also, the employee may keep his/her jury duty compensation. |
|  |
|  | **Non-Duty Day:** |
|  | **Comp Time:** (Attach Accrued Comp Time Report) |
|  | **Leave without pay:**Employee will be docked for days absent from work.  |
|  |

I hereby certify that the foregoing statement is true and correct.

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|  |  |  |  |
| Employee’s Signature |  | Date |
|  |  |  |  |
| Signature of Principal/Supervisor  |  | Date |